Subrut 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015- 32782	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease Federal STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		Federal Lease # NMLC028784B		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agre	eement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Burch Keely Unit	
1. Type of Well: Oil Well  Gas Well  Other			8. Well Number	
2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator			10. Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location			Grayburg Jackson;SR-Q-G-	SA 28509
Unit Letter K: 1345 feet from the South line and 1315 feet from the West line				
Section Section Township 17S Range 30 E NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  36.36 GR				
3636 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR				G CASING
	_			
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	11 JOB	
				57
OTHER:  13. Describe proposed or com	pleted operations. (Clearly state all	OTHER:	Pool Change	ng estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.				
COG Operating LLC respectfully request to have this well's pool changed from the Grayburg Jackson;SR-				
Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.				
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		•	E-MOCD A	RTESIA
Snud Date:	Rig Release D	nto		
Spud Date:	Rig Release Di	ate:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE C	TITLE L	ead Regulatory An	alyst DATE 4/	/23/12
Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332  For State Use Only				
NO SIGN PERVISOR, DISTRICT IN ACCORDANCE IN				
APPROVED BY: Conditions of Approval (if any):	TITLE SO		DATE DATE	W/00/10