Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-015- 32783
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease Federal
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> 1220 S St Francis Dr , Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		Federal Lease # NMLC028784B
(DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name  Burch Keely Unit
PROPOSALS)  1. Type of Well: Oil Well	Gas Well  Other	8. Well Number
1. Type of well: Off well 🖂	Gas well Oulei	349
2. Name of Operator  COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
•	e., Suite 100 Midland, TX 79701	Grayburg Jackson;SR-Q-G-SA 28509
4. Well Location		
Unit Letter K : 2415 feet from the South line and 1450 feet from the West line		
Section \ \dot \dot \dot \	Township 17S Range 30 E NMPM	Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, et	(c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	TENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON  REMEDIAL WO	
TEMPORARILY ABANDON	•	PRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEME	:NI JOB
BOWNINGEE COMMININGEE		
OTHER:	OTHER:	Pool Change
	leted operations. (Clearly state all pertinent details, a ork). SEE RULE 1103. For Multiple Completions:	
or recompletion.	ork). SEE ROLE 1103. For Multiple Completions.	Attach wendore diagram of proposed completion
	•	
	ctfully request to have this well's pool cha	• • •
Q-G-SA (28509) to the Bur	ch Keely-Glorieta-Upper Yeso (97918) in	accordance with Order # R-10067-E.
,		RECEIVED
		JUN <b>0 1</b> .2012
		NMOCD ARTESIA
		TAMICOD ARTESIA
		· ·
Spud Date:	Rig Release Date:	•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE Lead Regulatory Analyst DATE 4/23/12		
Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332		
For State Use Only		
APPROVED BY:	TITLE SUPERVISOR, DISTRI	CI II DATE OGO DO
Conditions of Approval (if any):		