Abmit 3 Copies To Appropriate District  State of New Mexico  Energy, Minerals and Natural Resources		Form C-103 June 19, 2008 WELL API NO.	
1625 N French Dr , Hobbs, NM 88240  District II 1301 W Grand Ave. Artesia, NM 88210  OIL CONSERVATION DIVISION		30-015	- 32785
1301 W Grand Ave, Artesia, NM 88210  District III  1220 South St. Francis Dr.		5. Indicate Type of Lea	ise Federal
1000 Rio Brazos Rd , Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE FEE  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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other		7. Lease Name or Unit Agreement Name  Burch Keely Unit	
		8. Well Number	sry Omt
		351	
2. Name of Operator  COG Operating LLC		9. OGRID Number 229137	
3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701		10. Pool name or Wildcat Grayburg Jackson;SR-Q-G-SA 28509	
4. Well Location V VXX			
Unit Letter K: 1980 feet from the South line and 1980 feet from the West line  Section 18 Township 17S Range 30 E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.,		Eddy County	
3639 GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBS		SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			ERING CASING
TEMPORARILY ABANDON		<del></del>	ND A □
DOWNHOLE COMMINGLE			
OTHER:	OTHER:	Pool Change	×
13. Describe proposed or completed operations. (Clearly state al			
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.			
		RE	CEIVED
			N O I ON
JUN <b>V</b> Į 2012			N U I 2012
		NMO	DD 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, DISTRICT II  Conditions of Approval (if any):  DATE  DATE			