Submit 3 Copies To Appropriate District Office	State of New Me	exico		orm C-103
District I	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.	
1625 N French Dr , Hobbs, NM 88240 District II	OH CONCEDIATION DURISON		30-015-32786	
1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease Fed	
<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.	n .
87505		Federal Lease # NMLC028784		
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 Agreem	ient Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Burch Keely Unit	
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		8. Well Number		
		352	352	
2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator 550 W. Toyas Ava. Suite 100 Midland TX 70701			10. Pool name or Wildcat Grayburg Jackson; SR-O-G-SA 28509	
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson;SR-Q-G-SA	28309
4. Well Location Unit Letter 3 1320	feet from the South line and	25	a la lest in	
162	Township 17S Range 30		the West line Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.,				
3634 GR				
			,	
12. Check A	Appropriate Box to Indicate N	ature of Notice	e, Report or Other Data	
NOTICE OF IN	ITENTION TO:	1 0111	BSEQUENT REPORT OF	•
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			<u></u>	
— — — — — — — — — — — — — — — — — — —		RILLING OPNS. □ P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEME		
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER;	Pool Change	\bowtie
	oleted operations. (Clearly state all			
	ork). SEE RULE 1103. For Multip			
or recompletion.				
	ctfully request to have this v	-	•	
Q-G-SA (28509) to the Bui	ch Keely-Glorieta-Upper Y	eso (97918) in	accordance with Order # R	-10067-E.
			DEC	
			HECEIVED	
			IIIN 0 1 2012	
•	,		0014 0 1 2012	
			NMOCD ARTESIA	
Spud Date:	Rig Release D	ate		
Spud Date:	Rig Release D	ate:		
Spud Date:	Rig Release D	ate:		
	·		dge and belief.	
I hereby certify that the information	above is true and complete to the b	est of my knowled	^	
	above is true and complete to the b		^	/12
I hereby certify that the information SIGNATURE	above is true and complete to the b	est of my knowled	nalyst DATE 4/23.	
I hereby certify that the information SIGNATURE Type or print name Kanicia Ca	above is true and complete to the b	est of my knowled	nalyst DATE 4/23.	
I hereby certify that the information SIGNATURE Type or print name Kanicia Ca For State Use Only	above is true and complete to the b TITLE L stillo E-mail address: ke	est of my knowled ead Regulatory A	nalyst DATE 4/23. DM PHONE: 432-685-4332	
I hereby certify that the information SIGNATURE Type or print name Kanicia Ca	above is true and complete to the b TITLE L stillo E-mail address: ke	est of my knowled	nalyst DATE 4/23. DM PHONE: 432-685-4332	