Submit 3 Copies To Appropriate District Office District I Ener	State of New Mexico gy, Minerals and Natural Resources	Form C-103 June 19, 2008
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave , Artesia, NM 88210 OIL	CONSERVATION DIVISION	30-015- 32992
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease Ederal 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		7. Lease Name or Unit Agreement Name
PROPOSALS.)		Burch Keely Unit
1. Type of Well: Oil Well Gas Well	U Other	8. Well Number 343
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
550 W. Texas Ave., Suite 100 Midland, TX 79701		Grayburg Jackson; SR-Q-G-SA 28509
4. Well Location		
Unit Letter 3: 1750 feet from the South line and 1070 feet from the West line		
Section \ \ \ Township	17S Range 30 E NMPM	
II. Eleva	ation (Show whether DR, RKB, RT, GR GR	, etc.)
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 WORK		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	Pool Change
		s, and give pertinent dates, including 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.		
		RECEIVED
		JUN 0 1 2012
		NMOCD ARTESIA
		MMOCD ATTESIA
<u> </u>		
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 SUPERVISOR, DISTRICT IP		
For State Use Only SUPERVISOR, DISTRICE II		
APPROVED BY: DATE OF SOLD TITLE DATE OF SOLD		
Conditions of Approval (if any):		