Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008	
District I 1625 N French Dr, Hobbs, NM 88240	Lifelgy, Willicials and Natural Resources		WELL API NO.	
<u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-32972	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease Federal STATE FEE	
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	St. Francis Dr., Santa Fe, NM		Federal Lease # NMLC028784B	
SUNDRY NOT	CES AND REPORTS ON WELLS		7. Lease Name or Unit Ag	reement Name
(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			Develo Marter Hait	
PROPOSALS.)			Burch Keely Unit  8. Well Number	
1. Type of Well: Oil Well Gas Well Other			3. Well Number 344	
2. Name of Operator			9. OGRID Number	
COG Operating LLC  3. Address of Operator			229137 10. Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson; SR-Q-G-SA 28509	
4. Well Location	C .v.	116	<b>1</b> - 1	
	feet from the South line and			
Section \ 9 Township 17S Range 30 E NMPM I 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			Eddy County	
3620 GR				
10 01 1	A	C 3 7 . *	D	
12. Check A	Appropriate Box to Indicate N	ature of Notice	, Report or Other Data	
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			· · · · · · · · · · · · · · · · · · ·	NG CASING
TEMPORARILY ABANDON			<del></del>	А Ц
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	Pool Change	⋈
	oleted operations. (Clearly state all p		Pool Change nd give pertinent dates, include	ling estimated date
	ork). SEE RULE 1103. For Multip	le Completions: A	Attach wellbore diagram of pro	oposed completion
or recompletion.	,			
	ctfully request to have this w	_	· ·	,
Q-G-SA (28509) to the Bur	ch Keely-Glorieta-Upper Yo	eso (97918) in a	accordance with Order	# R-10067-E.
			DECEIVED	$\Box$
hectives				
JUN 0 1				
			NMOCD ARTES	IA
			NMOCD ATTES	
Spud Date:	Rig Release Da	nta:		
Adj Release Date.				
•			•	
I hereby certify that the information	above is true and complete to the bo	est of my knowled	ge and belief.	
SIGNATURE C	TITLE L	ead Regulatory Ar	nalyst DATE	4/23/12
Type or print name Kanicia Ca	stillo E-mail address: kc	astillo@concho.co	om PHONE: 432-685-4	1332
For State Use Only				
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