Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.	
District II OIL CONCEDIVATION DIVIGION		30-015-33343		
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease 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			7. Lease Name or Unit Agreement Name	
PROPOSALS)			Burch Keely Unit  8. Well Number	
1. Type of Well: Oil Well Gas Well Other			369	
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 B: 660	feet from the North line and	1975 feet from	the East line	
Section 25 Township 17S Range 29 E NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3403 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			BSEQUENT REPORT OF $\square$ ALTERING	
			RILLING OPNS. P AND A	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT			NT JOB	
DOWNHOLE COMMINGLE	•	,		
OTHER:	. 🗆	OTHER:	Pool Change	
13. Describe proposed or completed operations. (Clearly state all pertinent details, 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 respec	• •	•	•	•
Q-G-SA (28509) to the Bur	in Keely-Glorieta-Upper Yo	eso (9/918) in a	accordance with Order # R	k-1006/-E.
			RECEIVE	D
			JUN <b>0 1</b> 2012	,
			2017 A T 5015	•
			NMOCD ARTE	SIA
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE C	TITLEL	ead Regulatory Ar	palystDATE4/23	/12
Type or print name Kanicia Cas	E-mail address: kc	astillo@concho.co	m PHONE: <u>432-685-4332</u>	_
For State Use Only	ndo	W.	DIAN N	lackan
APPROVED BY: Conditions of Approval (if any):	TITLE CO	y (1) ly	CULLY DATE (10)	MOOR