Submit 3 Copies To Appropriate District State of New Me Office	··
District I Energy, Minerals and Natural 1625 N. French Dr., Hobbs, NM 88240	ral Resources June 19, 2008 WELL API NO.
District II OIL CONCEDVATION	DIVISION 30-015- 29302
District III 1220 South St. Fran	5 Indicate Type of Lease Endired
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> Santa Fe, NM 87	505 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 PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO	D CHOH
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	Burch Keely Unit 8. Well Number
1. Type of well. On well	289
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 E: 1980 feet from the North line and 1295 feet from the West line	
Section 25 Township 17S Range 29 E NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3597 GR	
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 ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING	CASING/CEMENT JOB
-	
OTHER: 13. Describe proposed or completed operations. (Clearly state all particular proposed or completed operations).	OTHER: Pool Change
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
Spud Date: Rig Release Da	to:
Trig Professor Build.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE LO	ead 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: JUN 06 2012 Conditions of Approval (if any): DATE JUN 06 2012	