Submit 3 Copies To Appropriate District Office	State of frew Mexico		Form C-103 June 19, 2008		
Energy, Minerals and Natural Resources 625 N French Dr, Hobbs, NM 88240		WELL API NO.			
strict II 01 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-015- 3073]			
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		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			7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			<u> </u>	Burch Keely Unit	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 297		
2. Name of Operator  COG Operating LLC			9. OGRID Number 229137		
3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701			10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA 28509		
4. Well Location					
	feet from the South line and	1295 feet from	the East_line		
Section \8 Township 17S Range 3O E NMPM Eddy County					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3643 GR					
12. Check A	ppropriate Box to Indicate N	ature of Notice	e, Report or Other Data		
NOTICE OF INTENTION TO: SUBS			BSEQUENT REPORT	OF.	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR				RING CASING 🔲	
			RILLING OPNS. P AND	Α 🗀	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEME	NT JOB		
_	_				
OTHER:  13 Describe proposed or complete	eted operations. (Clearly state all p	OTHER:	Pool Change	Iding estimated date	
	k). SEE RULE 1103. For Multip				
COG Operating LLC respect					
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		
				j	
Spud Date:	Rig Release Da	ate:			
I hereby certify that the information a	bove is true and complete to the bo	est of my knowled	dge and belief.		
SIGNATURE K	. TITLE <u>Le</u>	ead Regulatory A	nalystDATE	4/23/12	
Type or print name Kanicia Cast	illo E-mail address: <u>kca</u>	astillo@concho.co	om PHONE:432-685-	4332_	
For State Use Only	2624	and facilit		' 6 IN A & 2012	
APPROVED BY: (if any):	TITLE C	ולי צטוטפ	DATE	JUN 06 2012	