. it optes o aproprie : it	tate o New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II	OU CONCERNATION DIVISION	WELL API NO. 30-015- 29301
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease Federa!
District III 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
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 PROPOSALS.)		7. Lease Name or Unit Agreement Name  Burch Keely Unit
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number 271
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	6 1 1600	
Unit Letter N:25	feet from the South line and 1980 feet fro	m the West_line
Section 24	Township 17S Range E NMPM	Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3587 GR	
12. Check	Appropriate Box to Indicate Nature of Noti	ce, Report or Other Data
NOTICE OF II	NTENTION TO: S	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		
TEMPORARILY ABANDON		DRILLING OPNS. □ P AND A □
PULL OR ALTER CASING		<del>-</del>
DOWNHOLE COMMINGLE	<del>-</del>	
OTHER:	OTHER:	Pool Change
	upleted operations. (Clearly state all pertinent details work). SEE RULE 1103. For Multiple Completions:	
COG Operating LLC response	ectfully request to have this well's pool ch	anged from the Grayburg Jackson; SR-
	rch Keely-Glorieta-Upper Yeso (97918) i	• • •
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•		IUN <b>0 1</b> 2012
	INMO	DCD ARTESIA
	Application of the control of the co	•
Spud Date:		
opad Bass.	Rig Release Date:	
	Rig Release Date:	
	Rig Release Date:	ledge and belief.
I hereby certify that the information SIGNATURE	n above is true and complete to the best of my know  TITLE Lead Regulatory	Analyst DATE 4/23/12
I hereby certify that the information SIGNATURE Type or print name Kanicia C	n above is true and complete to the best of my know  TITLE Lead Regulatory	Analyst DATE 4/23/12  .com PHONE: 432-685-4332
I hereby certify that the information SIGNATURE	n above is true and complete to the best of my know  TITLE Lead Regulatory	Analyst DATE 4/23/12  .com PHONE: 432-685-4332
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