Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Res	Sources June 19, 2008
1625 N French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-015- <i>3</i> 5434
1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVI	5 Indicate Temp of Longo Forders
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr	r. STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM	•	Federal Lease # NMLC028784B
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BAC	K TO A
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Burch Keely Unit
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number
		404
2. Name of Operator		9. OGRID Number
	perating LLC	229137
3. Address of Operator	C '4 400 B#' H . 1 TW 50504	10. Pool name or Wildcat
	e., Suite 100 Midland, TX 79701	Grayburg Jackson;SR-Q-G-SA 28509
4. Well Location	Newsla 96	Tost
	Spect from the $\frac{N_0 + N_1}{N_0 + N_1}$ line and $\frac{300}{N_0 + N_1}$	
Section 18	<u> </u>	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, 1.	RT, GR, etc.)
	365 GR	
12 (1 1	A	
12. Check A	Appropriate Box to Indicate Nature	of Notice, Report or Other Data
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		EDIAL WORK
TEMPORARILY ABANDON	CHANGE PLANS ☐ COM	MENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL   CASI	NG/CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	□ ОТНЕ	ER: Pool Change
		nt details, and give pertinent dates, including estimated date
		ipletions: Attach wellbore diagram of proposed completion
or recompletion.	· ·	
COG Operating LLC respe	ctfully request to have this well's	pool changed from the Grayburg Jackson; SR-
		7918) in accordance with Order # R-10067-E.
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		JUN 0 1 2012
		NAMOOT
		JUN 0 1 2012  NMOCD ARTESIA
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Spud Date:	Rig Release Date:	
<del></del>		
Thombs configurated the 'ef-	should be two and associate to do 1 C	
Thereby certify that the information	above is true and complete to the best of n	ny knowledge and belief.
SIGNATURE .	TITLE Lead Re	gulatory Analyst DATE 4/23/12
		11 20 1 1 20
Type or print name Kanicia Co	stillo, E-mail address: <u>kcastillo(</u>	@concho.com PHONE: 432-685-4332
For State Use Only		
APPROVED BY: / / / / / / / THE ALTY OCCORD DATE JUN 08 2017		
APPROVED BY: Conditions of Approval (if any):	DILYIM TITLE STUD	DATE DATE