Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008 WELL API NO.	
1625 N French Dr , Hobbs, NM 88240 · District II	OIL CONSERVATION	DIVISION	30-015- (35440
District III District III 1301 W. Grand Ave., Artesia, NM 88210 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> 1220 S. St. Francis Dr, Santa Fe, NM	Santa Fe, NM 8'	7505	6. State Oil & Gas Lease Federal Lease # NMLC02	No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit A	
(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.) 1. Type of Well: Oil Well Gas Well Other				
			Burch Keely Unit 8. Well Number	
			402	
2. Name of Operator COG Operating LLC			9. OGRID Number	137
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			orayoung suckeon, ore Q	3 371 20307
Unit Letter # : 1170	feet from the North line and			
Section 24 Township 17S Range 29 E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3609 GR			.)	
12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or Other Data	
NOTICE OF IN	ITENTION TO:	SHE	SEQUENT REPORT	OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ING CASING
TEMPORARILY ABANDON				Α 🗆
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	IT JOB 📙	
DOWNTOLL GOMMINGEL				
OTHER:	pleted operations. (Clearly state all	OTHER:	Pool Change	dung actimated data
	ork). SEE RULE 1103. For Multip			
	ctfully request to have this vector of the contract of the con			
			RECEIVE	D
			11N 0 1 201	2
			JUN 0 1 201	1
	•		NMOCD ARTE	SIA
<u> </u>				
Spud Date:	Rig Release D	ate:		
I hereby certify that the information	above is true and complete to the h	est of my knowled	ge and helief	
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SIGNATURE	TITLE I	ead Regulatory An	alyst DATE	4/23/12
Type or print name Kanicia Ca For State Use Only	E-mail address: <u>k</u>	castillo@concho.co	m PHONE: 432-685-	4332_
APPROVED BY:	Sharpel TITLE OF	MINIST	DATE	JUN 08 2012
Conditions of Approval (if any):		77	DAIL	