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Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.	
District II	OIL CONSERVATION		30-015- 3°	1549
1301 W Grand Ave., Artesia, NM 88210 District III	1220 South St. Fran	1.5	Indicate Type of Lease 72	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87	505	STATE FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505			deral Lease # NMLC02878	•
SUNDRY NOT	ICES AND REPORTS ON WELLS	7.	Lease Name or Unit Agree	ement Name
(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		IG BACK TO A R SUCH	Danah Kaale II	m:t
PROPOSALS )   1. Type of Well: Oil Well   ☑ Gas Well □ Other		8.	Burch Keely Unit  8. Well Number	
			Ldo8	
2. Name of Operator			9. OGRID Number	
COG Operating LLC  3. Address of Operator			229137 10. Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson;SR-Q-G-SA 28509	
4. Well Location	Caulla	2210	1 - 1	
	feet from the 500th line and 2			
Section 26	Township 17S Range 29 11. Elevation (Show whether DR,		y County	
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'				•
12. Check A	Appropriate Box to Indicate Na	ature of Notice, Rep	ort or Other Data	
NOTICE OF IN	ITENTION TO:	SUBSE	QUENT REPORT O	=:
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK				CASING
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS   MULTIPLE COMPL	COMMENCE DRILLIN	' <del></del> '	Ш
DOWNHOLE COMMINGLE	MOLTIFEE COMPL	CASING/CEMENT JO	В	
OTHER		071150		6 <del></del> 2
OTHER:  13. Describe proposed or comp	leted operations. (Clearly state all p	OTHER: ertinent details, and giv	Pool Change e pertinent dates, including	estimated date
of starting any proposed we	ork). SEE RULE 1103. For Multiple			
or recompletion.				
COG Operating LLC respe	ctfully request to have this w	ell's pool changed	from the Grayburg .l	ackson:SR-
	ch Keely-Glorieta-Upper Ye			
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Spud Date:	Rig Release Dat	e:		
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I haraby cartify that the information	above is true and complete to the be	at of my lenovilodes and	I haliaf	
V		st of my knowledge and	i dellet.	
SIGNATURE	TITLE Lea	ad Regulatory Analyst	DATE <u>4/23</u>	3/12
Type or print name Kanicia Cas	stillo E-mail address: kca	stillo@concho.com	PHONE: 432-685-4332	<u>.</u>
For State Use Only		7 /	132 003 4332	<u>-</u>
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ADDDOVED BV. / / / / ///		prist		<i>A a</i>
APPROVED BY: //// Conditions of Approval (if any):	MUN TITLE 6	adgist	DATEUN	11 7900