| . ти ортея 10 Appropriate District Office | State of New Mexico | | Form C-103 · |
|--|--|--------------|--|
| District I | Energy, Minerals and Natural Resources | | WELL API NO. |
| 1625 N. French Dr , Hobbs, NM 88240 District II | ON GOVERNMENT DIVINI | | 30-015- 397 5 4 |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease Federa |
| 1000 Rio Brazos Rd , Aztec, NM 87410 | histrict III 1220 South St. Francis Dr. 1220 South St. 1220 Sou | | STATE FEE |
| District IV 1220 S St Francis Dr., Santa Fe, NM | | 13 | 6. State Oil & Gas Lease No. |
| 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 | | | 7. Lease Name or Unit Agreement Name |
| PROPOSALS) | | - | Burch Keely Unit 8. Well Number |
| 1. Type of Well: Oil Well Gas Well Other | | | 525 |
| 2. Name of Operator | | | 9. OGRID Number |
| COG Operating LLC | | | 229137 |
| 3. Address of Operator | | | 10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA 28509 |
| 550 W. Texas Ave., Suite 100 Midland, TX 79701 4. Well Location | | | Grayburg Jackson, SK-Q-G-SA 28309 |
| Unit Letter A: 884 feet from the North line and 1145 feet from the East line | | | |
| Section 3 Township 17S Range 29 E NMPM Eddy County | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | 10274 |
| 3640 GR | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| | | | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A | | | |
| PULL OR ALTER CASING | | ASING/CEMENT | |
| DOWNHOLE COMMINGLE | | • | |
| OTHER: | | THER: | Pool Change |
| | | | give pertinent dates, including estimated date |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion | | | |
| or recompletion. | | | |
| | | | |
| COG Operating LLC respectfully request to have this well's pool changed from the Grayburg Jackson; SR- | | | |
| Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E. | | | |
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| | | | RECEIVED |
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| | | | JUN 0 1 2012 |
| | | | NIMOOD ADTECHA |
| | | | NMOCD ARTESIA |
| | | | |
| Spud Date: | Rig Release Date: | | |
| Space Bare. | i | | |
| | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNATURE TITLE Lead Regulatory Analyst DATE 4/23/12 | | | |
| Type or print name Kanıcia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332 | | | |
| For State Use Only | \mathcal{D} —, $=$ | | JUN: 11 2012 |
| APPROVED BY: | AMU TITLE | | |
| Conditions of Approval (if any): | IIILL | | DAIL |