

Submit 3 Copies To Appropriate District Office
District I
1625 N French Dr, Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

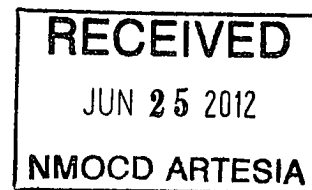
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-25679
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701		6. State Oil & Gas Lease No. -
4. Well Location Unit Letter <u>J</u> : <u>1650</u> feet from the <u>South</u> line and <u>2190</u> feet from the <u>East</u> line Section <u>22</u> Township <u>17S</u> Range <u>29E</u> NMPM Eddy County		7. Lease Name or Unit Agreement Name Dodd Federal Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3548 GR		8. Well Number 80
		9. OGRID Number 229137
		10. Pool name or Wildcat Grayburg Jackson;SR-Q-G-SA 28509

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Pool Change <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and 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 Dodd-Glorieta-Upper Yeso (97917) in accordance with Order # R-10067-E.



Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE K. C. TITLE Lead Regulatory Analyst DATE 6/08/12

Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332

For State Use Only

APPROVED BY: [Signature] TITLE DIST II Supervisor DATE 06/05/12
Conditions of Approval (if any):