Submit 3 Copies To Appropriate District Office District I Energy, Minerals and		Form C-103 June 19, 2008 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II		30-015-34562
1301 W Grand Ave., Artesia, NM 88210 OIL CONSERVA		5. Indicate Type of Lease FEDERAL
District III 1220 South St 1000 Rio Brazos Rd, Aztec, NM 87410		STATE FEE
District IV 1220 S St Francis Dr, Santa Fe, NM	NM 87303	6. State Oil & Gas Lease No.
87505		
SUNDRY NOTICES AND REPORTS ON W (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name  Dodd Federal Unit
PROPOSALS.)  1. Type of Well: Oil Well   Gas Well   Other		8. Well Number
1. Type of Well: Oil Well Gas Well Other		105
2. Name of Operator  COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
550 W. Texas Ave., Suite 100 Midland, TX 79701		Grayburg Jackson;SR-Q-G-SA 28509
4. Well Location		
Unit Letter A: 255 feet from the North line and 330 feet from the East line		
Section   Township 17S Range 29E NMPM Eddy County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  3633 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 REMEDIAL WORK ALTERING CASING REMEDIAL WORK REME		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	Pool Change
13. Describe proposed or completed operations. (Clearly sta		
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.		
RECEIVED		
		UN 9 5 2212
		JUN <b>25</b> 2012
		NMOCD ARTESIA
Spud Date: Rig Rele	ease Date:	TIMO CO TITTE SIAT
5,000		
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 6/08/12		
Type or print name Kanicia Castullo E-mail address: kcastillo@concho.com PHONE: 432-685-4332		
Type or print name Kanicia Castillo E-mail address:		nalyst DATE <u>6/08/12</u>
Type or print name Kanicia Castillo E-mail address:  For State Use Only		nalyst DATE <u>6/08/12</u>
		nalyst DATE <u>6/08/12</u>