Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office <u>District l</u>	Energy, Minerals and Natural Resource	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-015- 31321
1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISIO	5. Indicate Type of Lease Federal
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV 1220 S St. Francis Dr , Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		Federal Lease # NMLC028784B
	ICES AND REPORTS ON WELLS ISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Burch Keely Unit
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well  Other	0 W-11 M1
1. Type of Well. On Well	das well Other	8. Well Number 306
2. Name of Operator		9. OGRID Number
COG Operating LLC		229137
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	e., Suite 100 Millianu, 1X 19701	Grayoung Jackson, Six-Q-G-SA 28303
Unit Letter F :246	feet from the North line and 1875 feet	from the WeSt line
Section 24	Township 17S Range 29 E NMP	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3576 GR		
12. Check A	Appropriate Box to Indicate Nature of N	lotice, Report or Other Data
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIA	
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL  CASING/O	CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	Pool Change
13. Describe proposed or comp		tails, 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 Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.		
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Spud Date:	Rig Release Date:	
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I hamby cartify that the information	above is true and complete to the best of my kr	avulades and halisf
i hereby certify that the information	above is true and complete to the best of my ki	lowledge and belief.
SIGNATURE C	TITLE Lead Regulat	ory Analyst DATE 4/23/12
Type or print name Kapicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332		
For State Use Only		
- 1 /1	E-mail address: <u>kcastillo@con</u>	
APPROVED BY:	Stillo E-mail address: <u>kcastillo@con</u>	DATE JUN 06 2012