Submit 3 Copies To Appropriate District Office	State of New Me	exico	Form C-103	
<u>District I</u> Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.		
1625 N French Dr., Hobbs, NM 88240 District II		30-015- 29511		
1301 W. Grand Ave, Artesia, NM 88210 District III			5. Indicate Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410		STATE FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. Federal Lease # NMLC028784B		
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 Gas Well Other			7. Lease Name or Unit Agree	ment Name
			Burch Keely Un	nit
			8. Well Number 28	i
2. Name of Operator			9. OGRID Number	
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-S.	A 28509
4. Well Location	feet from the South line and	1295	1 10st 1	
Unit Letter M: Letter Section 24	Township 17S Range 29		Eddy County	
Section 29	11. Elevation (Show whether DR)	. RKB. RT. GR. etc		
3582 GR				
40 01 1				
12. Check A	Appropriate Box to Indicate N	lature of Notice	, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				CASING 🗌
TEMPORARILY ABANDON				
DOWNHOLE COMMINGLE	-	·	41.200	
OTHER		OTUED.	B 10	5-7
OTHER: 13. Describe proposed or comp	oleted operations. (Clearly state all	OTHER:	Pool Change nd give pertinent dates, including	estimated date
of starting any proposed w	ork). SEE RULE 1103. For Multip	ole Completions: A	Attach wellbore diagram of propo	sed completion
or recompletion.	•			•
COG Operating LLC respe	ctfully request to have this v	well's pool cha	nged from the Gravburg J	Jackson:SR-
	ch Keely-Glorieta-Upper Y	-	• •	,
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Spud Date:	Rig Release D	ate:		
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	Kig Kelease D	<u> </u>		
I hereby certify that the information			ge and belief.	
I hereby certify that the information	above is true and complete to the b	est of my knowled		
I hereby certify that the information SIGNATURE	above is true and complete to the b			3/12
SIGNATURE Kanicia Ca	above is true and complete to the b	est of my knowled	nalyst DATE 4/2	
SIGNATURE C	above is true and complete to the b	est of my knowled	nalyst DATE 4/2	
SIGNATURE Kanicia Ca	above is true and complete to the b	est of my knowled	DATE 4/2 DM PHONE: 432-685-433	