Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 June 19, 2008
1625 N French Dr , Hobbs, NM 88240			WELL API NO.	20071
District II 1301 W Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Le	
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S St. Francis Dr , Santa Fe, NM 87505	· · · · · · · · · · · · · · · · · · ·		Federal Lease # NMLC	1
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	_
PROPOSALS). 1. Type of Well: Oil Well Gas Well Other			Burch Keely Unit 8. Well Number 279	
2. Name of Operator			9. OGRID Number	
COG Operating LLC 3. Address of Operator			229137 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 0:440	feet from the South line and	2540	the East line	
	Township 17S Range 30		Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3 Let 8 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				TOF. ERING CASING □
				ND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEME	NT JOB 🔲	
DOWNHOLE COMMINGLE		}		
OTHER:		OTHER:	Pool Change	
	leted operations. (Clearly state all pork). SEE RULE 1103. For Multip			
or recompletion.		ic completions.	xttuon wenoore diagram o.	proposed completion
COG Operating LLC respec	etfully request to have this v	vell's pool cha	nged from the Grayb	ourg Jackson;SR-
Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.				
		REC	CEIVED	
		JUN	0 1 2012	
		NMOC	D ARTESIA	
Spud Date:	Rig Release Da	ate:		·
			· · · · · · · · · · · · · · · · · · ·	
I hereby certify that the information	above is true and complete to the b	est of my knowled	dge and belief.	
SIGNATURE C	TITLE L	ead Regulatory A	nalyst DATE_	4/23/12
Type or print name Kanicia Ca	stillo E-mail address: <u>kc</u>	astillo@concho.co	om PHONE: 432-68	35-4332
For State Use Only	Mound B	onlait		JUN 06 2012
APPROVED BY: (15 any):	TITLE 00	ובוצטוטי	DATE_	