Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008
District I  1625 N. French Dr , Hobbs, NM 88240		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-015- 2992	
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease Federal STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St Francis Dr , Santa Fe, NM 87505		Federal Lease # NMLC028784B	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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.)			Burch Keely Unit
1. Type of Well: Oil Well Gas Well Other			8. Well Number 280
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 B: LLOD feet from the North line and 345 feet from the East line			
Section 25 Township 17S Range 29 E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3405 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			
_			<del></del>
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐  DOWNHOLE COMMINGLE ☐			
DOWNHOLE COMMINGLE			
OTHER:		OTHER:	Pool Change
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 Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.			
Q-G-SA (20509) to the Burch Recry-Giorieta-Opper Yeso (9/910) in accordance with Order # R-1000/-E.			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE C	TITLE L	ead Regulatory A	nalyst DATE 4/23/12
Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332			
For State Use Only			
APPROVED BY: /. (MANN TITLE /9/8/) OCI \$\int_{\text{DATE}} JUN 06 2012			
Conditions of Approval (if any):	107 1000	JUIL 1	DAIL