Office State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II OH. CONSED VATION DIVISION	WELL API NO. 30-015- Z9D39
1301 W. Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease Federal
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV Santa Fe, NW 8/505	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	Burch Keely Unit
PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number
1. Type of well. On well	259
2. Name of Operator	9. OGRID Number 229137
COG Operating LLC 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	1.2
Unit Letter D: 1245 feet from the North line and 640 feet from	
Section 25 Township 17S Range 29 E NMPM	Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3595 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 WO	_
	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	_
OTHER: OTHER:	Pool Change
13. Describe proposed or completed operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A	attach wellbore diagram of proposed completion
or recompletion.	
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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.
	RECEIVED
	•
	JUN 0 1 2012
	NMOCD ARTESIA
	THINGED ARTESIA
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE	
SIGNATURE TITLE Lead Regulatory Ar Type or print name Kanicia Castillo E-mail address: kcastillo@concho.co	DATE 4/23/12
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