Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		WELL API NO.
1625 N French Dr , Hobbs, NM 88240 District II	4 OH CONCERNATION PRINCES		30-015-35246
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicaté Type of Lease Federal
<u>District III</u> 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 SALS TO DRILL OR TO DEEPEN OR PLUC	G BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Burch Keely Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number	
			400
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			
	feet from the North line and	85 feet from th	e Nost line
Section 24 Township 17S Range 29 E NMPM Eddy County			
	11. Elevation (Show whether DR, I		
	3601 G	R .	
12. Check	Appropriate Box to Indicate Na	ture of Notice, I	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			_
TEMPORARILY ABANDON Control C		COMMENCE DRIL	<u> </u>
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB []
DOWN TOLE COMMINGLE			
OTHER:		OTHER:	Pool Change
			I 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.			
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			ged from the Grayburg Jackson;SR-
Q-G-SA (28509) to the Bui	ch Keely-Glorieta-Upper Yes	so (97918) in ac	ccordance with Order # R-10067-E.
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•	•		RECEIVED
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			JUN 0 1 .2012
			NMOCD ARTESIA
,			THEODE PARTESIA
			· ·
Spud Date:	Rig Release Dat	· ·	
Space Date.	Alg Release Dat	.c.	
•	·		
I hereby certify that the information	above is true and complete to the bes	st of my knowledge	e and belief.
~ · · ·	:		
SIGNATURE	TITLE Lea	ad Regulatory Anal	<u>DATE 4/23/12</u>
Type or print name Kanicia Ca	stillo E-mail address: kcas	stillo@concho.com	<u>1</u> PHONE: <u>432-685-4332</u>
For State Use Only		7 /	<u> </u>
ADDD OVED BY	Ward -	palaret	JUN 08 2012
APPROVED BY: (1 any):	TITLE TO	U[Y] 21	DATE