Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.		
District II	District II ON CONCEDIA TION DIVISION			30-015- 38480	
1301 W Grand Ave , Artesia, NM 88210 District III	Gland Ave, Autosia, Itivi 66216			ise Federat	
1000 Rio Brazos Rd, Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE 6. State Oil & Gas Lea	FEE	
1220 S. St. Francis Dr., Santa Fe, NM			Federal Lease # NMLC		
87505 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  8. Well Number		
1. Type of Well: Oil Well Gas Well Other			724		
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-0		
4. Well Location					
	feet from the South_ line and				
Section 25	Township 17S Range 29		Eddy County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3592 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 WORK ALTERING CASIN					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL			<del></del>	ID A	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	T JOB		
DOWNHOLE COMMINGLE					
OTHER:		OTHER:	Pool Change		
of starting any proposed wo	leted operations. (Clearly state all prk). SEE RULE 1103. For Multipl				
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.					
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Spud Date:	Rig Release Da	ite:		•	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE -	TITLE Le	ead Regulatory Ana	alyst DATE_	4/23/12	
Type or print name Kanicia Cas	stillo E-mail address: <u>kca</u>	astillo@concho.con	<u>n</u> PHONE: <u>432-68</u>	5-4332	
For State Use Only		76-1			
APPROVED BY:  Conditions of Approval (if any):	MMM TITLE 80	80/05/151	DATE	JUN 11 2012	