Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		June 19, 200	<u>)8</u> _
1625 N. French Dr., Hobbs, NM 88240 District II			ELL API NO. 30-015- 38 651	
1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION D	1.5	Indicate Type of Lease Federal	
<u>District III</u> 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis	S Dr.	STATE FEE	
District IV	Santa Fe, NM 8750	۱ ۰۰	State Oil & Gas Lease No.	
1220 S St. Francis Dr., Santa Fe, NM 87505		Fed	deral Lease # NMLC028784B	
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		BACK TO A	Lease Name or Unit Agreement Name	
PROPOSALS.)			Burch Keely Unit 8. Well Number	
1. Type of Well: Oil Well	Gas Well Other		726	
2. Name of Operator	anating LLC	9.	OGRID Number	ļ
COG Operating LLC 3. Address of Operator		10	229137 Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701			ayburg Jackson; SR-Q-G-SA 28509	
4. Well Location				\dashv
1 1 -1	feet from the $Nor+1$ line and 3	3D feet from the	NeSt line	
Section 26 Township 17S Range 29 E NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				(la)
3582 GR				
12. Check A	Appropriate Box to Indicate Natu	re of Notice Ren	ort or Other Data	
		, ,		
			QUENT REPORT OF:	_
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			ALTERING CASING]
PULL OR ALTER CASING		OMMENCE DRILLIN ASING/CEMENT JOI		J
DOWNHOLE COMMINGLE		NO TO	,	
			•	
OTHER:		THER:	Pool Change	
of starting any proposed we	leted operations. (Clearly state all pert ork). SEE RULE 1103. For Multiple C			
or recompletion.				
	ctfully request to have this well			
Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.				
			200	
		/ r	JUN 01 2012 OCD ARTESIA	
		1	IIIN	
		- 1	30N 0 1 2012	
		LNM	OCD ADD	
			- ARTESIA	
Spud Date:	Rig Release Date:			
	This reveals Bute.			
I hereby certify that the information	above is true and complete to the best of	of my knowledge and	belief.	
SIGNATURE -	TITLE Lead	Regulatory Analyst	DATE 4/23/12	
Type or print name Kanicia Ca	stillo E-mail address: <u>kcasti</u> l	lo@concho.com	PHONE: <u>432-685-4332</u>	
For State Use Only	(h. 1	1 -	- nm 44 co.	y
APPROVED BY:	MMM/ TITLE	1/86/2	JUN 11 201 DATE	Į,
Conditions of Approval (if any):	MILLE OC		DATE	—