Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.	
625 N. French Dr., Hobbs, NM 88240  District II  OH. CONSERD VATION DIVISION		30-015- 39°	707	
1301 W. Grand Ave, Artesia, NM 88210 District III			5. Indicate Type of Lease Federa	
1000 Rio Brazos Rd., Aztec, NM 87410	Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
District IV 1220 S St Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. Federal Lease # NMLC028784B		
87505				
	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLU		7. Lease Name or Unit Agreem	ent Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Burch Keely Unit	
PROPOSALS )			8. Well Number	
The state of the s			556	
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-Q-G-SA 28509	
4. Well Location				
Unit Letter : 100	feet from the NOY+ line and	457 feet from t	he \n \est line	
	Township 17S Range 30		Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
343 GR				
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12. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK				
TEMPORARILY ABANDON			<del></del>	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	Pool Change	$\boxtimes$
13. Describe proposed or comp	leted operations. (Clearly state all I			
	ork). SEE RULE 1103. For Multip	le Completions: A	ttach wellbore diagram of propose	d completion
or recompletion.			•	ŧ
COG Operating LLC respe	ctfully request to have this w	vell's pool chan	ged from the Gravhurg Ja	ckson:SR-
	ch Keely-Glorieta-Upper Yo			
		( )		
			RECEIVE	$\overline{n}$
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			JUN <b>0 1</b> 2012	İ
			NIMOCD ADTO	
			THROOD ARTES	SIA
Spud Date: Rig Release Date:				
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I hereby certify that the information	above is true and complete to the be	est of my knowledg	ge and belief.	
SIGNATURE	TITLE	ead Regulatory Ana	-1 - DATE 4/02/	
	TITLE L	cau ixceulatoi v Am	alyst DATE 4//3/	12
Type or print name Kanicia Ca		-		12
		astillo@concho.com		<u>12</u>
For State Use Only		-	m PHONE: 432-685-4332	
		-	m PHONE: 432-685-4332	12 N 11 2012