Since   District   Energy, Minerals and Natural Resources   June 19, 2008
District II   1301 W Grand Ave., Artesia, NM 88210   1220 South St. Francis Dr.   1220 South St. Francis Dr.   Santa Fe, NM 87505   S
1220 South St. Francis Dr.   1220 South St. Francis Dr.   STATE   FEE
Santa Fe, NM 87505   G. State Oil & Gas Lease No. Federal Lease # NMLC028784B
District IV   1220 S St Francis Dr., Santa Fe, NM   87505
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 PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other  COG Operating LLC  3. Address of Operator  COG Operator  550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location Unit Letter  M.: Deepen or PLUG BACK TO A Burch Keely Unit  8. Well Number  229137  10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  M.: Deepen or DR, RKB, RT, GR, etc.)  Township 17S Range 29 E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  35
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 PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other  2. Name of Operator  COG Operating LLC  3. Address of Operator  550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location Unit Letter  Grayburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Grayburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Grayburg Jackson; SR-Q-G-SA 28509  17. Lease Name or Unit Agreement Name Burch Keely Unit  8. Well Number  229137  10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Grayburg Jackson; SR-Q-G-SA 28509  18. Well Location Unit Letter  Grayburg Jackson; SR-Q-G-SA 28509  19. OGRID Number  229137  10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA 28509  11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well  Gas Well Other  2. Name of Operator COG Operating LLC  3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter  Greyburg Jackson; SR-Q-G-SA 28509  5. Well Number  Greyburg Jackson; SR-Q-G-SA 28509  6. Well Location  Greyburg Jackson; SR-Q-G-SA 28509  6. Well Location  Greyburg Jackson; SR-Q-G-SA 28509  7. Well Location  Greyburg Jackson; SR-Q-G-SA 28509  8. Well Number  Greyburg Jackson; SR-Q-G-SA 28509
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well Other  2. Name of Operator  COG Operating LLC  3. Address of Operator  550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location Unit Letter  Get from the South line and Section 7 U Township 17S Range 29 E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:
2. Name of Operator  COG Operating LLC  3. Address of Operator  550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location  Unit Letter M  Section 2 U  Township 17S Range 29 E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:
2. Name of Operator  COG Operating LLC  3. Address of Operator  550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location  Unit Letter  Section  Unit Letter  Township  17S Range  19. OGRID Number  229137  10. Pool name or Wildcat  Grayburg Jackson; SR-Q-G-SA 28509  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:
229137  3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location Unit Letter Section 10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA 28509  4. Well Location Unit Letter Section 17 Township 17S Range 17S Range 18 NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701  4. Well Location Unit Letter M: Description of Feet from the South line and 282 feet from the Section 7 Unit Description of South line and 282 feet from the Section 7 Unit Description of South line and 282 feet from the Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line Section 7 Unit Description of South line and 282 feet from the West line and 282 feet from th
4. Well Location Unit Letter M: 29 feet from the South line and 282 feet from the West line Section 24 Township 17S Range 29 E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 35 8 GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
Unit Letter M: Dyfeet from the South line and 282 feet from the West line  Section 7
Section 7 U Township 17S Range 29 E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  35 S GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 35 8 GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:
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TEMPORARILY ABANDON
PULL OR ALTER CASING
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OTHER: Pool Change
13. Describe proposed or completed operations. (Clearly state all pertinent details, and 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.
of 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 Date:
Spud Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Lead Regulatory Analyst  DATE 4/23/12  Type or print name Kanicia Castillov E-mail address: kcastillo@concho.com PHONE: 432-685-4332
Spud Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE  Lead Regulatory Analyst  DATE  4/23/12
Spud Date:  Rig Release Date:  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Lead Regulatory Analyst  DATE 4/23/12  Type or print name Kanicia Castillov E-mail address: kcastillo@concho.com PHONE: 432-685-4332