Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 19, 2008 WELL API NO.
District II 1301 W Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV 1220 S St Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	30-015- 35 42 2 5. Indicate Type of Lease FEDERAL STATE FEE 6. State Oil & Gas Lease No.
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS ISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH Gas Well Other	7. Lease Name or Unit Agreement Name Dodd Federal Unit 8. Well Number
2. Name of Operator COG Operating LLC		9. OGRID Number 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 Unit Letter K: 1750 feet from the South line and 1650 feet from the West line		
Section U	Township 17S Range 29E NMPM 1 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3.408 GR	Eddy County
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE CASING/CEMENT JOB CASING/		
OTHER:	☐ 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. COG Operating LLC respectfully request to have this well's pool changed from the Grayburg Jackson;SR-		
Q-G-SA (28509) to the Dodd-Glorieta-Upper Yeso (97917) in accordance with Order # R-10067-E.		
		RECEIVED
		JUN 2 5 2012
		NMOCD ARTESIA
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 6/08/12		
Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332 For State Use Only		
APPROVED BY: DATE OG SS DATE OG S		