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.	
1625 N French Dr , Hobbs, NM 88240 District II			30-015- 3863 9	
1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease FEDERAL	
District III 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr , Santa Fe, NM 87505				
	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreem	ient Name
	SALS TO DRILL OR TO DEEPEN OR PLUC CATION FOR PERMIT" (FORM C-101) FOR		D 11D 1 117	.,
PROPOSALS)		Dodd Federal Unit 8. Well Number		
1. Type of Well: Oil Well Gas Well Other		8. Well Number 631		
2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator			10. Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson; SR-Q-G-SA 28509	
4. Well Location		201	- ·	
Unit Letter P : 936	_feet from the <u>Sou+h_</u> line and <u>2</u>	feet from th	le <u>EQST</u> line	
Section 15	Township 17S Range 29E		ddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 35% GR				
A STATE OF THE PROPERTY OF THE	000		Branch Branch Company and company and company and company	
12. Check A	Appropriate Box to Indicate Nat	ture of Notice, I	Report or Other Data	
NOTICE OF IN	ITENTION TO:	SLIBS	SEQUENT REPORT OF:	
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON			<u>—</u>	
PULL OR ALTER CASING			JOB 🔲	
DOWNHOLE COMMINGLE	1			
OTHER:	′ –	OTHER:	Pool Change	M
	pleted operations. (Clearly state all pe			estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.				
COCO	46 H	111		. OD
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.				
			PEOFIL	
			necelv	EDT
			JUN 9 5 20	10
			20 20	12
			JUN 25 20 NMOCD ARTE	ERIA
				-SIA
Spud Date:	Rig Release Date	e:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
V · /	•			
SIGNATURE	TITLELea	d Regulatory Anal	lyst DATE 6/08/	12
Type or print name Kanicia Ca	stillo E-mail address: <u>kcas</u>	tillo@concho.com	PHONE: <u>432-685-4332</u>	_
For State Use Only	\overline{a}			,
APPROVED BY:	(O) TITLE /)/9/	Mr No.	WSP DATE 644	//2
Conditions of Approval (if any):	111LE / // //	cu ya	NOUC DATE OF	,