## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB NO 1004-0135 Expires: July 31, 2010

Expires. July	<i>J</i> 1
Lease Serial No.	
NIMI CO2070AC	

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

6 If Indian, Allottee or Tribe Name

abandoned wei	i. USE TOTTII 3160-3 (AP.	ט) זטר sucn p	roposais.		,			
SUBMIT IN TRIPLICATE - Other instructions on reverse side.						7. If Unit or CA/Agreement, Name and/or No. NMNM88525X		
To Type of Well  ☐ Gas Well ☐ Other						8 Well Name and No BURCH KEELY UNIT 527		
2 Name of Operator COG OPERATING LLC	CKSON		9 API Well No 30-015-40315-00-X1					
3a Address 550 WEST TEXAS AVENUE S	. (include area co 6-3087	ode)	10 Field and Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER					
MIDLAND, TX 79701  4 Location of Well (Footage, Sec., T	<u> </u>	<del></del>		11. County	or Parish an	d State		
Sec 13 T17S R29E NWSE 19	EDDY COUNTY, NM							
12. CHECK APPR	ROPRIATE BOX(ES) TO	O INDICATE	NATURE O	F NOTICE, RE	PORT, OR	OTHER	DATA ,	
TYPE OF SUBMISSION	TYPE OF ACTION							
Niedies of Indeed	☐ Acidize	□ Deep	eepen Pro		oduction (Start/Resume)		☐ Water Shut-Off	
□ Notice of Intent	☐ Alter Casing	□ Frac	Fracture Treat		☐ Reclamation		☐ Well Integrity	
Subsequent Report	Casing Repair	□ New	Construction	☐ Recompl	lete		<b>⊠</b> Other	
☐ Final Abandonment Notice	Change Plans	— Plug	and Abandon	Tempora	rily Abando	Drilling Operations		
	☐ Convert to Injection	□ Plug	Back	■ Water Disposal				
7/10/12 Spud 17-1/2 @ 6PM. 7/11/12 TD 17-1/2 @ 307. Ran 7jts 13-3/8 H40 48# @ 307. Cmt w/400sx C. PD @ 6:32AM. Circ 120sx to surf. WOC 18hrs. Test BOP to 2000# for 30min ok. 7/12/12 TD 11 @ 1047. Ran 25jts 8-5/8 J55 24# @ 1047. 7/13/12 Cmt w/300sx C. lead 200sx C. tail. PD @ 4:15AM. Circ 125sx to surf. WOC 18hrs. Test BOP to 2000# for 30 min ok. 7/16/12 TD 7-7/8 @ 4692. 7/17/12 Ran 114jts 5-1/2 J55 17# @ 4682. Cmt w/500sx C. lead, 400sx C. tail. PD @ 6:29PM. Circ 126sx to surf. WOC 24hrs. RR. Will test csg to 3500# for 30min on completion rig.  Accepted for record NMOCD  ACCEPTED SUPPLY  AMOCD AR								
14. Thereby certify that the foregoing is	true and correct.	www. 0/24	<del>/10</del>		<u> </u>			
Com Name (Printed/Typed) CHASITY	nmitted to AFMSS for proc	PERATING L	.C, sent to the RT SIMMONS	e Carlsbad	•	E)		
Signature (Electronic S	Submission)		Date 07/2	7/2012				
	THIS SPACE FO	OR FEDERA	L OR STAT	E OFFICE US	E .			
Approved By ACCEPT	Lance Local			A AMOS RVISOR EPS			Date 08/11/201	
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct to cond	Office Carlsbad							
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it statements or representations a	a crime for any post to any matter w	erson knowingly ithin its jurisdic	and willfully to ma	ike to any dep	partment or a	gency of the United	