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	UNITED STATES EPARTMENT OF THE IN UREAU OF LAND MANAG		OCD-AR	TESIA	OMB N Expires:	APPROVED O. 1004-0135 July 31, 2010	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					<ol> <li>Lease Serial No. NMLC028784A</li> <li>If Indian, Allottee or Tribe Name</li> </ol>		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.         1. Type of Well         Soli Well         Gas Well         Other					<ol> <li>7. If Unit or CA/Agreement, Name and/or No. NMNM88525X</li> <li>8. Well Name and No. BURCH KEELY UNIT 850</li> </ol>		
3a. Address       3b. Phone No. (include area code)         ONE CONCHO CENTER 600 W. ILLINOIS AVE       Ph: 432-686-3087         MIDLAND, TX 79701       Ph: 432-686-3087					10. Field and Pool, or Exploratory BURCH KEELY		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T17S R29E Mer NMP NWSW 2547FSL 805FWL					EDDY COUNTY, NM		
12. CHECK APP	ROPRIATE BOX(ES) TO	INDICAȚI	ENATURE OF I	NOTICE, RE	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> <li>Final Abandonment Notice</li> <li>13. Describe Proposed or Completed Op If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f Interim Reclamation complete Downsized: 78ft on the North side. &amp; 108ft on the East Side.</li> </ul>	ally or recomplete horizontally, g rk will be performed or provide th l operations. If the operation resu bandonment Notices shall be filed inal inspection.)	New	cture Treat w Construction g and Abandon g Back ling estimated startin locations and measu n file with BLM/BLA le completion or recc requirements, includ Accep Appro If BLM	Reclama Recomp Tempora Water D g date of any pr rred and true veu Sompletion in a n ling reclamation ted for R val Subje I Objectiv	lete arily Abandon isposal oposed work and approo rtical depths of all pertin sequent reports shall be ew interval, a Form 316	ent markers and zones. filed within 30 days 0-4 shall be filed once and the operator has ses. Inspection. :hieved,	
LED 7-1-14 Accepted for record NMOCD 14. Thereby certify that the foregoing is	RECEIVED		Signat		kina Om	ar -	
Name(Printed/Typed) CHASITY	Committed to AFMSS for p	PERATING L	LC, sent to the Ca	arlsbad TON on,06/10		·	
Signature (Electronic S	Submission) .		Date 06/10/2	014			
	THIS SPACE FOR	R FEDERA	L OR STATE	OFFICE US	SE		
Approved By			Title Office			Date	
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s					ke to any department or	agency of the United	
** OPERAT	OR-SUBMITTED ** OP	ERATOR-	SUBMITTED *	* OPERAT	OR-SUBMITTED	**	