

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: 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.*5. Lease Serial No.  
NMLC028784B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
NMMN88525X8. Well Name and No.  
BURCH KEELY UNIT 439. API Well No.  
30-015-20377-00-S110. Field and Pool, or Exploratory  
GRAYBURG11. County or Parish, and State  
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

MAR 02 2015

RECEIVED

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other: INJECTION2. Name of Operator  
COG OPERATING LLC  
Contact: DAVID A EYLER  
E-Mail: DEYLER@MILAGRO-RES.COM3a. Address  
ONE CONCHO CENTER 600 W ILLINOIS AVENUE  
MIDLAND, TX 79701  
3b. Phone No. (include area code)  
Ph: 432-687-30334. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 23 T17S R29E NENE 660FNL 660FEL

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

02/02/15: SET 4-1/2" CIBP @ 2,300'; CIRC. WELL; PRES TEST 4-1/2" CSG. TO 500# - HELD OK; PUMP 25 SXS.CMT. @ 2,300'-2,180'; PERF. SQZ. HOLES @ 1,100'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 800# X HELD; PUMP 35 SXS.CMT. @ 1,150' (PER BLM); WOC.

02/03/15: TAG CMT. @ 921'; PERF. SQZ. HOLES @ 911' (PER BLM); PUMP 25 SXS.CMT. @ 900' (PER BLM); WOC X TAG CMT. @ 855'; PUMP 25 SXS.CMT. @ 855' (PER BLM); WOC.

02/04/15: TAG CMT. @ 529' (OK'D BY BLM); PERF. X SQZ. 55 SXS.CMT. @ 475'; WOC X TAG CMT. @ 256'; PERF. X SQZ. 75 SXS.CMT. @ 100'; WOC.

02/05/15: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; CMT. WAS 10' FROM SURF. ON ALL ANNULI; TOP OFF WELL W/ 5 SXS.CMT.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER. WELL PLUGGED AND ABANDONED 02/05/15.

RECLAMATION  
DUE 8-4-15Accepted as to plugging of the well bore.  
Liability under bond is retained until  
Surface restoration is completed.

Accepted for record

JWS NMLC028784B 3/2/15

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #290887 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Carlsbad  
Committed to AFMSS for processing by LINDA DENNISTON on 02/10/2015 (14JA1129SE)

Name (Printed/Typed) DAVID A EYLER

Title AGENT

Signature (Electronic Submission)

Date 02/09/2015

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By **ACCEPTED**JAMES A AMOS  
Title SUPERVISORY PET

Date 02/22/2015

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Carlsbad

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.