Form 3160-5 (June 2015)

UNITED STATES Carlsbad Field Office DEPARTMENT OF THE INTERIOR OCD Artesia RY NOTICES AND PERCONAL

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

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. SUBMIT IN TRIPLICATE - Other instructions on page 2					Lease Serial No. NMLC028784C If Indian, Allottee or Tribe Name If Unit or CA/Agreement, Name and/or No. NMNM88525X								
							1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other				8. Well Name and No. BURCH KEELY UNIT 514		
							Name of Operator COG OPERATING LLC E-Mail: rrussell@concho.com Contact: ROBYN RUSE E-Mail: rrussell@concho.com			SELL	9. API Well No. 30-015-43439-00-X1		
			3b. Phone No. (include area code) Ph: 432-685-4385		10. Field and Pool or Exploratory Area BURCH KEELY-GLORIETA-UPPER Y								
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, State										
Sec 13 T17S R29E NWNE 738FNL 1733FEL			EDDY COUNTY, NM										
12. CHECK THE AF	PPROPRIATE BOX(ES)) TO INDICA	TE NATURE OI	F NOTICE,	REPORT, OR OT	HER DATA							
TYPE OF SUBMISSION	TYPE OF ACTION												
Notice of Intent ■ Notice of Intent Notice of	otice of Intent		☐ Deepen		on (Start/Resume)	☐ Water Shut-Off							
☐ Subsequent Report	☐ Alter Casing		☐ Hydraulic Fracturing		ation	☐ Well Integrity							
	Casing Repair	_	Construction	□ Recomp	Change to Original A								
☐ Final Abandonment Notice	☐ Change Plans ☐ Convert to Injection	☐ Change Plans ☐ Plug and Abandon ☐ Temporarily Ab. ☐ Convert to Injection ☐ Plug Back ☐ Water Disposal			PD								
following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fit COG Operating LLC respectful 10/21/2017.	pandonment Notices must be final inspection.	iled only after all	requirements, includ	ing reclamation									
10/21/2011						L CONSERVATION							
	-17		<u>.</u> .		0	CT 24 2017							
Accepted for record - N	MOCD	FOR 24 MONTH PERIOD		D									
Merchan	ENDING		0-20-2019		R	RECEIVED							
14. I hereby certify that the foregoing is	Electronic Submission #	OPERATING LI	C, sent to the Ca	arlsbad	-								
Committed to AFMSS for processing by PRI Name (Printed/Typed) ROBYN RUSSELL			Title REGULATORY ANALYST										
Signature (Electronic Submission)			Date 10/03/2017										
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE US	SE								
Approved By DUNCAN WHITLOCK			TitleTECHNICA	AL LEAD PE	ΞΤ	Date 10/17/2017							
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 Carlsbac	d									