Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

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

		Ditpireo.	411444
5.	Lease Se	erial No.	
		1287845	

SUNDRY N	OTICES AN	D REPOR	TS ON W	ELLS
Do not use this	form for prop	oosals to di	rill or to re	e-enter an
abandoned well.	Use form 31	60-3 (APD)	for such	proposals

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.							
					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No. NMNM88525X		
1. Type of Well	8. Well Name and No. BURCH KEELY UNIT 946H						
☑ Oil Well ☐ Gas Well ☐ Oth							
2 Name of Operator COG OPERATING LLC	Contact: E-Mail: dking@con	DANA KING cho.com			9. API Well No. 30-015-44100-00-X1		
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701		. (include area code) 8-2267		10. Field and Pool or Exploratory Area BURCH KEELY-GLORIETA-UPPER Y UNKNOWN			
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)				11. County or Parish, State		
Sec 23 T17S R29E NENE 48' 32.825954 N Lat, 104.037971			EDDY COUNTY, NM				
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OI	TYPE OF ACTION					
☐ Notice of Intent	☐ Acidize	☐ Dee	pen	☐ Product	ion (Start/Resume)	☐ Water Shut-Off	
_	☐ Alter Casing	☐ Hyd	lraulic Fracturing	☐ Reclam	ation	■ Well Integrity	
Subsequent Report	□ Casing Repair	☐ Nev	v Construction	☐ Recomp	olete	⊠ Other	
☐ Final Abandonment Notice	Change Plans	Plug	g and Abandon	☐ Tempor	arily Abandon	Site Facility Diagra m/Security Plan	
	Convert to Injection	Plug	g Back	☐ Water [Disposal		
Attach the Bond under which the worfollowing completion of the involved testing has been completed. Final Al determined that the site is ready for f PLEASE SEE ATTACHED SI BURCH KEELY UNIT 13C BA UNIT: NMNM88525X	l operations. If the operation respandonment Notices must be file in all inspection. TE FACILITY DIAGRAM:	ults in a multipi d only after all	Accepte	ompletion in a miling reclamation	new interval, a Form 316 n, have been completed a	0-4 must be filed once nd the operator has	
BURCH KEELY UNIT #946H BURCH KEELY UNIT #955H	API #30-015-44100 API #30-015-44150	Date: 2-13-18 Date: 3-13-18 VAINT DMCKinney					
					0.		
Accepted for reco	M . NMOCD	EB 26 21	11:				
Wetchies w		RECEIVE			FAC ID = BK	, 13 C	
14. I hereby certify that the foregoing is	true and correct.						
Con	Electronic Submission #3 For COG Ol mitted to AFMSS for proce	PERATING LI	C, sent to the C	arlsbad	•		
Name (Printed/Typed) DANA KIN	IG		Title SUBMI	TTING CON	TACT		
Signature (Electronic S	——————————————————————————————————————		Date 11/02/2				
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE		
Approved By	. 		Title			Date	
Conditions of approval, if any, are attache							
certify that the applicant holds legal or equivalent would entitle the applicant to condu	Office						

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.

