District I 1625 N French Dr , Hobbs, NM 88240 Phone (575) 393-6161 Fax (575) 393-0720 811 S First St , Artesia, NM 88210 Phone (575) 748-1283 Fax (575) 748-9720 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 Phone (505) 334-6178 Fax (505) 334-6170 District IV 1220 S St Francis Dr , Santa Fe, NM 87505

Phone (505) 476-3460 Fax (505) 476-3462

Form C-102 State of New Mexico Energy, Minerals & Natural Resources Department EIVED Revised August 1, 2011 OIL CONSERVATION DIVISION District Office JUN 0 1 2012 1220 South St. Francis Dr. AMENDED REPORT Santa Fe, NM 87505 NMOCD ARTESIA

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30-015-23		2 Pool Code 97918 Burch Kee					³ Pool Na ely-Glor	³ Pool Name ly-Glorieta-Upper Yeso			
⁴ Property Code 308086		⁵ Property Name Burch Keely Unit							Well Number		
⁷ OGRID No. 229137		*Operator Name COG Operating LLC							3630		
					™ Surface	Location		<u></u>			
UL or lot no.	· Section	Township	79E	Lot Idn	1345	North/South line	Feet from the	East/W	est line	County Eddy	
" Bottom Hole Location If Different From Surface											
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/W	est line	County	
12 Dedicated Acre	s ¹³ Joint o	r Infill 14 C	Consolidation C	Code 15 O	rder No.	0067 F	<u> </u>				
40					K-1	0067-E					
division.			·			been consolidated				-	
							1)	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete.			
							II			hat this organization either	
								=		interest in the land including	
							11			ght to drill this well at this r of such a mineral or worki	
,					l i i				oling agreement or a compulsory pooling		
							order heretofe	ore entered by the di	ivision		
			•				K_	_		4/23/12 Date	
							Signature	_			
							ii	icia Ca	asti	110	
							Printed Nam		_	•	
							и.		@con	cho.com	
							E-mail Addr	ress			
			,				41			IFICATION ation shown on this	
							l i			of actual surveys	
							made by r	me or under my	y supervi	sion, and that the	
					_	1345°	same is tr	ue and correct	to the b	est of my belief	
							Date of Sur	rvey			
							Signature a	nd Seal of Profes	sional Sur	veyor	

Certificate Number