## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB NO 1004-0135

	July 31, 201
ease Serial No	

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, Allott		ribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.			7 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 584			
2 Name of Operator Contact CHASITY JACKSON COG OPERATING LLC E-Mail: cjackson@concho com				9 API Well No. 30-015-4027	9 API Well No. 30-015-40273-00-X1			
3a. Address 550 WEST TEXAS AVENUE SUITE 100 MIDLAND, TX 79701  3b. Phone No (include area code) Ph: 432-686-3087					10 Field and Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER Y			
4. Location of Well (Footage, Sec., 7	., R., M, or Survey Description	n)	· · · · · · · · · · · · · · · · · · ·		11 County or Par	11 County or Parish, and State		
Sec 18 T17S R30E SWSW 660FSL 1295FWL				EDDY COU	EDDY COUNTY, NM			
12. CHECK APPI	ROPRIATE BOX(ES) T	O IN	DICATE NATURE OF 1	NOTICE,	L REPORT, OR OT	HER	DATA	
TYPE OF SUBMISSION	TYPE OF ACTION							
Notice of Intent	·   Acidize		□ Deepen	_	uction (Start/Resume		☐ Water Shut-Off	
☐ Subsequent Report	☐ Alter Casing	•	☐ Fracture Treat	□ Recl			☐ Well Integrity	
_	☐ Casing Repair		☐ New Construction	_	Recomplete Other Temporarily Abandon Drilling Operat		Other	
Final Abandonment Notice	☐ Change Plans		☐ Plug and Abandon	_			Drining Operations	
	Convert to Injection		□ Plug Back	_	r Disposal			
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 A determined that the site is ready for	ally or recomplete horizontally ork will be performed or provid I operations. If the operation re bandonment Notices shall be f	, give e the F esults	subsurface locations and meast Bond No. on file with BLM/BL in a multiple completion or rec	ared and tru  A. Required  completion in	e vertical depths of all p subsequent reports sha a new interval, a Form	ertinen II be fil 3160-	at markers and zones led within 30 days 4 shall be filed once	
6/6/12 Spud 17-1/2 @ 7:30PN 6/7/12 TD 17-1/2 @ 327. Ran add 400sx C. +add. PD @ 7:3 6/8/12 TD 11 @ 1067. Ran 26 Circ 119sx to surf. WOC 18hr 6/11/12 TD 7-7/8 @ 4672. 6/1 C. +add tl. PD @ 11:39PM. C 6/13/12 RR. Will test csg to 3	18jts 13-3/8 H40 48# @ 3 36AM. Circ 408sx to surf. 6jts 8-5/8 J55 24# @ 106 s. Test BOP to 2000# for 12/12 Ran 106jts 5-1/2 J 6irc 220sx to surf. WOC 2	. WO 7. Cr r 30 r 55 17 4hrs.	C 18hrs. Test BOP to 200 nt w/300sx C. +add lead nin ok. # @ 4660. Cmt w/500sx .	00# for 30 200sx C.	min ok. +add tail.	RE	CEIVED	
			,			ı	LII <b>0 3</b> 2012	

Accepted for record

NMOCD ARTESIA

14 Thereby certify that the foregoing is true and correct  Electronic Submission #140530 verified by the BLM Well Information System  For COG OPERATING LLC, sent to the Carlsbad  Committed to AFMSS for processing by KURT SIMMONS on 06/19/2012 (12KMS2387SE)						
Name (Printed/Typed	CHASITY JACKSON	Title	PREPARER			
Signature	(Electronic Submission)	Date	06/13/2012	,		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved By	CEPTED		IAMES A AMOS SUPERVISOR EPS	Date 07/01/2012		
certify that the applicant h	any, are attached. Approval of this notice does not warrant or olds legal or equitable title to those rights in the subject lease plicant to conduct operations thereon.	Office	c Carlsbad			
Title 18 U S C Section 10 States any false, fictitiou	01 and Title 43 U.S.C. Section 1212, make it a crime for any ps or fraudulent statements or representations as to any matter w	erson kn ithin its	owingly and willfully to make to any dejurisdiction.	epartment or agency of the United		