

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

**RECEIVED**  
APR 15 2014  
OCD ARTESIA

FORM 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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

5. Lease Serial No.  
NMLC028793C

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
NMNM88525X

8. Well Name and No.  
BURCH KEELY UNIT 308

9. API Well No.  
30-015-31241-00-S1

10. Field and Pool, or Exploratory  
BURCH KEELY-GLORIETA-UPPER YE

11. County or Parish, and State  
EDDY COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
COG OPERATING LLC  
Contact: DAVID A EYLER  
E-Mail: DEYLER@MILAGRO-RES.COM

3a. Address  
ONE CONCHO CENTER 600 WILLINOIS AVENUE  
MIDLAND, TX 79701

3b. Phone No. (include area code)  
Ph: 432-687-3033

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 30 T17S R30E NENE 924FNL 990FEL

**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 recomplete 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 recompletion 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.)

03/21/14: SET 5-1/2" CIBP @ 4,500'; CIRC. WELL W/ PXA FLUID.  
03/22/14: PUMP 25 SXS.CMT. @ 4,500'-4,360'(CALC.); PUMP 60 SXS.CMT. @ 2,967'; WOC X TAG CMT. PLUG @ 2,548'(OK'D BY BLM); PUMP 30 SXS.CMT. @ 1,227'; WOC.  
03/23/14: TAG CMT. PLUG @ 1,000'; MIX X CIRC. TO SURF. 80 SXS.CMT. @ 580'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL GROUND LEVEL DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 03/23/14.

DURING THIS PROCEDURE WE USED THE CLOSED-LOOP SYSTEM W/ A STEEL TANK AND HAULED CONTENTS TO THE REQUIRED DISPOSAL, PER OCD RULE 19.15.17.

*Accepted for record  
MISC  
hED 4/16/14*

*Accepted as to plugging of the well bore.  
Liability under bond is retained until  
Surface restoration is completed.*

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

**Electronic Submission #240028 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JAMES AMOS on 03/28/2014 (14JAM0132SE)**

Name (Printed/Typed) DAVID A EYLER Title AGENT

Signature (Electronic Submission) Date 03/26/2014

**RECLAMATION**  
*DUE 7-19-14*

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By **ACCEPTED** Title JAMES A AMOS SUPERVISOR EPS Date 04/06/2014

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.