Form 3160-5 (August 2007)

Signature

Approved By

(Electronic Submission)

## UNITED STATES DEPARTMENT OF THE INTEROPERATOR'S COPY

| B<br>SUNDRY<br>Do not use thi                                                                                                                                                                                                                      |                                                                                                                                                              |                                                                                                                   |                                                                                                                    | RM APPROVED<br>B NO 1004-0135<br>tres: July 31, 2010<br>b.<br>B4B<br>tee or Tribe Name      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                         |                                                                                                                                                              |                                                                                                                   |                                                                                                                    | Agreement, Name and/or No. 5X                                                               |  |
| Type of Well ☐ Gas Well ☐ Other                                                                                                                                                                                                                    |                                                                                                                                                              |                                                                                                                   |                                                                                                                    | 8. Well Name and No. BURCH KEELY UNIT 723                                                   |  |
| 2. Name of Operator Contact: KANICIA CASTILLO COG OPERATING LLC E-Mail: kcastillo@conchoresources.com                                                                                                                                              |                                                                                                                                                              |                                                                                                                   | 9 API Well No.<br>30-015-386                                                                                       |                                                                                             |  |
| 3a. Address<br>ONE CONCHO CENTER 600<br>MIDLAND, TX 79701                                                                                                                                                                                          | W ILLINOIS AVENUE                                                                                                                                            | 3b. Phone No. (include area code<br>Ph: 432-685-4332                                                              |                                                                                                                    | l, or Exploratory<br>ELY-GLORIETA-UPPER                                                     |  |
| 4 Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                              |                                                                                                                                                              |                                                                                                                   | 11 County or Par                                                                                                   | ish, and State                                                                              |  |
| Sec 23 T17S R29E SWNE 13                                                                                                                                                                                                                           | EDDY COU                                                                                                                                                     | NTY, NM                                                                                                           |                                                                                                                    |                                                                                             |  |
| 12. CHECK APPI                                                                                                                                                                                                                                     | ROPRIATE BOX(ES) TO                                                                                                                                          | O INDICATE NATURE OF                                                                                              | NOTICE, REPORT, OR OT                                                                                              | HER DATA                                                                                    |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                 | TYPE OF ACTION                                                                                                                                               |                                                                                                                   |                                                                                                                    |                                                                                             |  |
| □ Notice of Intent                                                                                                                                                                                                                                 | ☐ Acidize ☐ Alter Casing                                                                                                                                     | ☐ Deepen ☐ Fracture Treat                                                                                         | ☐ Production (Start/Resume  Reclamation                                                                            | Water Shut-Off Well Integrity                                                               |  |
| Subsequent Report                                                                                                                                                                                                                                  | Casing Repair                                                                                                                                                | ☐ New Construction                                                                                                | Recomplete                                                                                                         | Other                                                                                       |  |
| Final Abandonment Notice                                                                                                                                                                                                                           | Change Plans                                                                                                                                                 | Plug and Abandon                                                                                                  | Temporarily Abandon                                                                                                | U                                                                                           |  |
| <b>-</b>                                                                                                                                                                                                                                           | Convert to Injection                                                                                                                                         | ☐ Plug Back                                                                                                       | ☐ Water Disposal                                                                                                   |                                                                                             |  |
| 13. Describe Proposed or Completed Ope<br>If the proposal is to deepen directions<br>Attach the Bond under which the wo<br>following completion of the involved<br>testing has been completed. Final Al<br>determined that the site is ready for f | ally or recomplete horizontally,<br>rk will be performed or provide<br>operations If the operation re<br>oandonment Notices shall be fi<br>inal inspection.) | give subsurface locations and mease<br>the Bond No. on file with BLM/BI<br>esults in a multiple completion or rec | ured and true vertical depths of all p  A. Required subsequent reports sha<br>completion in a new interval, a Form | oertinent markers and zones.<br>Ill be filed within 30 days<br>a 3160-4 shall be filed once |  |
| Downsized:                                                                                                                                                                                                                                         |                                                                                                                                                              |                                                                                                                   | RECE                                                                                                               | IVED                                                                                        |  |
| 65' on South side<br>89' on East side                                                                                                                                                                                                              |                                                                                                                                                              |                                                                                                                   | SEP 0                                                                                                              | 6 2012<br>ARTESIA                                                                           |  |
| Ready for inspection.                                                                                                                                                                                                                              | Made Suppled to NMOC                                                                                                                                         | 9/18/12<br>r record<br>D                                                                                          | NMOCD                                                                                                              | ARTESIA                                                                                     |  |
| 14. Thereby certify that the foregoing is                                                                                                                                                                                                          | Electronic Submission #                                                                                                                                      | 132326 verified by the BLM We                                                                                     | ell Information System                                                                                             |                                                                                             |  |
| For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 03/07/2012 (12DLM0692SE)                                                                                                                      |                                                                                                                                                              |                                                                                                                   |                                                                                                                    |                                                                                             |  |
| Name(Printed/Typed) KANICIA (                                                                                                                                                                                                                      | CASTILLO                                                                                                                                                     | Title PREPA                                                                                                       | ARER                                                                                                               |                                                                                             |  |

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. 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

Date

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

03/06/2012

JAMES A AMOS <sub>Title</sub>SUPERVIȘOR EPS

Office Carlsbad

Date 09/05/2012