Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

| 5. | Lease Serial No. |
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| | NMLC028793A |

| 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 |

| abandoned wei | 6. If Indian, Allottee | or Tribe Name | | | |
|---|---|---|--|---|--|
| SUBMIT IN TRI | 7. If Unit or CA/Agr NMNM88525X | eement, Name and/or No. | | | |
| 1 Type of Well | 8. Well Name and No | | | | |
| ☐ Oil Well ☐ Gas Well ☐ Oth | BURCH KEELY | UNIT 646 | | | |
| Name of Operator COG OPERATING LLC | Contact CH/ E-Mail: cjackson@cond | 9. API Well No. 30-015-40277-00-S1 | | | |
| 3a. Address ONE CONCHO CENTER 600 MIDLAND, TX 79701 | | . Phone No. (include area code n: 432-686-3087 | | 10. Field and Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER Y | |
| 4. Location of Well (Footage, Sec., T | 11 County or Parish | 11 County or Parish, and State | | | |
| Sec 19 T17S R30E NESW 23 | EDDY COUNT | EDDY COUNTY, NM | | | |
| 12. CHECK APPI | ROPRIATE BOX(ES) TO IN | DICATE NATURE OF | NOTICE, REPORT, OR OTH | ER DATA | |
| .TYPE OF SUBMISSION | TYPE OF ACTION | | | | |
| ☐ Notice of Intent | ☐ Acidize | Deepen | ☐ Production (Start/Resume) | ☐ Water Shut-Off | |
| _ | ☐ Alter Casing | Fracture Treat | ☐ Reclamation | Well Integrity | |
| Subsequent Report | ☐ Casing Repair | ☐ New Construction | Recomplete | Other | |
| ☐ Final Abandonment Notice | Change Plans | □ Plug and Abandon | ☐ Temporarily Abandon | Drilling Operations | |
| | Convert to Injection | □ Plug Back | ■ Water Disposal | | |
| determined that the site is ready for f 8/2/12 Test 5-1/2 BOP to 350 8/3/12 Perf Paddock @ 4260 8/6/12 Acidize w/2,500 gals a SLC. 8/10/12 Clean out to PBTD 46 8/13/12 RIH w/138jts 2-7/8" 6 8/14/12 RIH w/2-1/2x1-1/2x20 | Opsi, 30 min. ok. - 4510 w/1 SPF, 26 holes. cid. Frac w/100,601 gals gel, 514. -5# J55 tbg, EOT @ 4564. | n resord D | R | ECEIVED OCT 3 0 2012 OCD ARTESIA | |
| 14 I hereby certify that the foregoing is | <u> </u> | 1 1 | ell Information System | | |
| Con | For COG OPER nmitted to AFMSS for processi | RATING LILC, sent to the C | arisbad | | |
| Name (Printed/Typed) CHASITY | • | Title PREPA | · · | | |
| | | | | , | |
| . Signature (Electronic | Submission) | Date 10/10/2 | 2012 | | |
| | THIS SPACE FOR I | FEDERAL OR STATE | OFFICE USE | | |
| Approved By ACCEPT | JAMES A TitleSUPERVI | | Date 10/28/2012 | | |
| Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to cond | oject lease Office Carlsba | | | | |
| Title 18 U S C Section 1001 and Title 43 | U S.C. Section 1212, make it a crin | ne for any person knowingly ar | nd willfully to make to any department | or agency of the United | |