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

| | | | ON WELLS |
|-----------------|---------------|----------------|-------------------|
| Do not use this | form for prop | osals to drill | or to re-enter an |
| abandanad wall | Han farm 216 | 20 2 (ADD) fo | r augh proposit |

5. Lease Serial No. NMLC028784B

| SUBMIT IN TRIPLICATE - Other instructions on reverse side. 7. If Unit or CA/Agreement, Name and/or No. NMNM88525X 8. Well Name and No. BURCH KEELY UNIT 392 7. Name of Operator | Do not use the abandoned we | is form for proposals to II. Use form 3160-3 (AP | drill or to re-enter an D) for such proposals. | | 6. If Indian, Allottee | or Tribe Name | |
|--|--|--|---|--|--|---|--|
| 2. Name of Operator COG OPERATING LLC E-Mail: kcastillo@conchoresources.com 3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVENUE MIDLAND, TX 79701 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T17S R29E Mer NMP 660FSL 830FEL 10. Field and Pool, or Exploratory BK GLORIETA-UPPER YESO BLOWN Ph: 432-685-4332 11. County or Parish, and State EDDY COUNTY, NM 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent | SUBMIT IN TRI | PLICATE - Other instruc | ctions on reverse side. | | 7. If Unit or CA/Agre NMNM88525X | ement, Name and/or No. | |
| COG OPERATING LLC E-Mail: kcastillo@conchoresources.com 30-015-33809 3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVENUE MIDLAND, TX 79701 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T17S R29E Mer NMP 660FSL 830FEL 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity | = · | her | | | | | |
| ONE CONCHO CENTER 600 W. ILLINOIS AVENUE MIDLAND, TX 79701 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T17S R29E Mer NMP 660FSL 830FEL 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Water Shut-Off Reclamation Well Integrity | 2. Name of Operator COG OPERATING LLC | Contact: E-Mail: kcastillo@e | KANICIA CASTILLO conchoresources.com | | | | |
| Sec 13 T17S R29E Mer NMP 660FSL 830FEL 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Acidize Deepen Production (Start/Resume) Mater Shut-Off Alter Casing Practure Treat Reclamation Well Integrity | ONE CONCHO CENTER 600 | W. ILLINOIS AVENUE | | e) | 10. Field and Pool, or BK GLORIETA | Exploratory -UPPER YESO | |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Alter Casing Reclamation Well Integrity | 4. Location of Well (Footage, Sec., 7 | 11. County or Parish, and State | | | | | |
| TYPE OF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity | Sec 13 T17S R29E Mer NMP 660FSL 830FEL | | | EDDY COUNTY, NM | | | |
| TYPE OF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity | | | | | | | |
| Notice of Intent Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity | 12. CHECK APPI | ROPRIATE BOX(ES) TO |) INDICATE NATURE OF | NOTICE, R | EPORT, OR OTHE | R DATA | |
| Notice of Intent Alter Casing Fracture Treat Reclamation Well Integrity | TYPE OF SUBMISSION | | ТҮРЕ О | F ACTION | | | |
| ☐ Alter Casing ☐ Fracture Treat ☐ Reclamation ☐ Well Integrity | Notice of Intent | ☐ Acidize | □ Deepen | ☐ Product | mmation ☐ Well Integrity mplete ☑ Other | | |
| Subsequent Report Subsequent R | _ | ☐ Alter Casing | □ Fracture Treat | Reclam | | | |
| Thew Constitution Recomplete Majorine | ☐ Subsequent Report | □ Casing Repair | ■ New Construction | ☐ Recomp | | | |
| ☐ Final Abandonment Notice ☐ Change Plans ☐ Plug and Abandon ☐ Temporarily Abandon Venting and/or Flari | ☐ Final Abandonment Notice | Change Plans | Plug and Abandon | ☐ Tempor | porarny Abandon ng | | |
| Convert to Injection Plug Back Water Disposal | | ☐ Convert to Injection | □ Plug Back | 🗖 Water I | | | |
| 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.) | If the proposal is to deepen direction: Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f | ally or recomplete horizontally, rk will be performed or provide I operations. If the operation re- pandonment Notices shall be fil- inal inspection.) | give subsurface locations and meas the Bond No. on file with BLM/BL sults in a multiple completion or rec ed only after all requirements, inclu- | ured and true ve A. Required sul completion in a | ertical depths of all pertir bsequent reports shall be new interval, a Form 316 n, have been completed, | nent markers and zones. filed within 30 days i0-4 shall be filed once and the operator has | |
| COG Operating LLC, respectfully request to flare the Burch Keely Unit 128 Bettery | | • | aron Reely Office 130 battery. | | HEUEIN | / - レ | |
| COG Operating LLC, respectfully request to flore the Burch Kooly Heit 128 Pottery | COG Operating LEO, respecti | uny request to hate the bi | aron Reely Utilit 130 ballery. | | IUECEI | / - レ | |
| COG Operating LLC, respectfully request to flare the Burch Keely Unit 13B Battery. | Flare located at the BKLL392 | well | | | 1 | <u>.</u> | |

Number of wells to flare: (21)

API #'s attached.

890 Oil 1575 MCF Propried for rebord

SUBJECT TO LIKE

Requesting 90 day flare approval from 8/01/13 to 11/0A/PBROVAL BY STATE

AUG 2 0 2013

NMOCD ARTESIA

CONDITIONS OF APPROVAL

| | | | | | | | | |
|--|--|------------------------|------------------------|----------|---------------|-----------------------|--------|---------------|
| 14. I hereby certify th | at the foregoing is true and correct. Electronic Submission #211127 verifie For COG OPERATING L Committed to AFMSS for processing | LC, sen | t to the | Carlsb | ad | A ^g | | |
| Name(Printed/Typ | ed) KANICIA CASTILLO | Title | PREF | AREF | ł | | | |
| Signature | (Electronic Submission) | Date | 06/19 | /2013 | | | | |
| | THIS SPACE FOR FEDERA | AL OR | STAT | OFF | icab能R() | VED | | |
| Approved By | MM / Shapes | Title | | | | | | Date |
| certify that the applicant | if any, are attached. Approval of this rotice does not warrant or holds legal or equitable title to those rights in the subject lease applicant to conduct operations thereon. | Office | | | AUG 17 | 2013 | | |
| Title 18 U.S.C. Section States any false, fictiti | 1001 and Title 43 U.S.C. Section 1212, make it a crime for any p ous or fraudulent statements or representations as to any matter w | erson kno ithin its | wingly a urisdictic | nd willi | CARLSBAD FIEL | HEMAGEMEN D'OFFICE | agency | of the United |

Additional data for EC transaction #211127 that would not fit on the form

32. Additional remarks, continued

Due to: DCP shut in.

Schematic attached.

BKU 13B Battery

| Well# | API Number |
|---------|--------------|
| 943 H — | 30-015-39575 |
| 963 H | 30-015-39576 |
| 537 🗸 | 30-015-40182 |
| 539 ~ | 30-015-40319 |
| 540 - | 30-015-40321 |
| 541 ~ | 30-015-40662 |
| 542 / | 30-015-39521 |
| 544 / | 30-015-39565 |
| 545 / | 30-015-40323 |
| 546 — | 30-015-40324 |
| 577 , | 30-015-39524 |
| 580 / | 30-015-40270 |
| 581 - | 30-015-40271 |
| 584 ~ | 30-015-40273 |
| 625 | 30-015-40326 |
| | 30-015-40328 |
| 652 / | 30-015-40279 |
| 858/ | 30-015-40382 |
| 945H/~ | 30-015-39578 |
| 588 | 30-015-40702 |
| 617 / | 30-015-40704 |

6

Flare Request Form

| Battery- | BKU 13B Battery |
|--------------------|--|
| Production- | 890 oil-1575 gas |
| Total BTU of Htrs- | 1,000,000 |
| Flare Start Date- | 6/4/2013 Flare End Date- 9/4/2013 |
| UL Sec-T-R- | Unit P Sec. 13-T17S-R29E GPS- N32*49.744 W104* 01.340 |
| # of wells in bty- | 21 # of wells to be flared- 21 Gas purchaser- Frontier/DCP |
| Reason For Flare- | DCP shut in |
| | |
| | Site Diagram |
| | Header |
| Pump | HTR K.O. Sep Test Test |
| Water | Oil Oil Oil |
| | |
| | |
| | |
| | |
| | вки 392 |
| | |
| | |
| | · |
| | |
| | Flare |
| Road A | |
| | |
| | |

BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

7/2/2013 Condition of Approval to Flare Gas

- 1. Report all volumes on OGOR reports.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD
- 4. Flared volumes will still require payment of royalties
- 5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5.
- 6. This approval does not authorize any additional surface disturbance.
- 7. Submit updated facility diagram as per Onshore Order #3.
- 8. Approval not to exceed 90 days for date of approval.
- 9. Submit Subsequent Report with actual volumes of gas flared for each month gas is flared.
- 10. If flaring is still required past 90 days submit new request for approval.
- 11. If a portable unit is used to flare gas it must be monitored at all times.
- 12. Comply with any restrictions or regulations when on State or Fee surface.

JDB722013