

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC028784C
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: CHASITY JACKSON E-Mail: cjackson@concho.com		7. If Unit or CA/Agreement, Name and/or No. NMNM88525X
3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-686-3087	8. Well Name and No. BURCH KEELY UNIT 637
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T17S R29E Mer NMP SWSE 125FSL 1345FEL		9. API Well No. 30-015-40183
		10. Field and Pool, or Exploratory GRAYBURG JACKSON
		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			
<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 checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input 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 recompleat 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 recompleat 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.)

10/6/14 Test 5-1/2 BOP to 3500psi, 30min. ok.
10/6/14 Perf Paddock @ 4490 - 4678 w/2 SPF, 52 holes. Acidize w/662 gals acid. Frac w/102,021 gals gel, 124,900# 16/30 brady sand, 15,400# 16/30 SLC. Set CBP @ 4470.
10/14/14 Perf 2nd stage @ 4260 - 4450 w/2SPF, 26 holes. Acidize w/633 gals acid. Frac w/113,476 gals gel, 114,840# 16/30 brady sand, 15,020# 16/30 SLC.
11/3/14 Drill out CBP, Clean out to PBTD 4712.
11/4/14 RIH w/142jts 2-7/8" 6.5# J55 tbg, EOT @ 4691. RIH w/2-1/2x1-1/2x20 pump. Turn over to production.

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

**Electronic Submission #284847 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 01/28/2015 ()**

Name (Printed/Typed) CHASITY JACKSON

Title PREPARER

Signature (Electronic Submission)

Date 12/11/2014

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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

**BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE**

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
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OMB NO. 1004-0135
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NMLC028784C

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM88525X8. Well Name and No.
BURCH KEELY UNIT 6379. API Well No.
30-015-4018310. Field and Pool, or Exploratory
BURCH KEELY11. County or Parish, and State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: CHASITY JACKSON
E-Mail: cjackson@concho.com3a. Address
ONE CONCHO CENTER 600 W. ILLINOIS AVE
MIDLAND, TX 797013b. Phone No. (include area code)
Ph: 432-686-30874. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 24 T17S R29E Mer NMP SWSE 125FSL 1345FEL**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

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<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well Spud
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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9/5/14 Spud 17-1/2 @ 11:30PM.

9/6/14 TD 17-1/2 @ 270. Ran 6jts 13-3/8 H40 54# @ 270. Cmt w/400sx

C. PD @ 10AM. Circ 142sx. WOC 18hrs. Test BOP to 2000# for 30min ok.

9/7/14 TD 11 @ 1025. Ran 24jts 8-5/8 J55 24# @ 1025.

9/8/14 Cmt w/300sx C. +adds. lead, 200sx C. tail. PD @ 4:07AM. Circ 207sx. WOC 18hrs. Test BOP to

2000# for 30min ok.

9/11/14 TD 7-7/8 @ 4770. Ran 113jts 5-1/2 J55 17# @ 4758. Cmt w/500sx C. +adds lead, 400sx C. +adds

tail. PD @ 11:30PM. Circ 77sx. WOC.

9/12/14 RR.

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

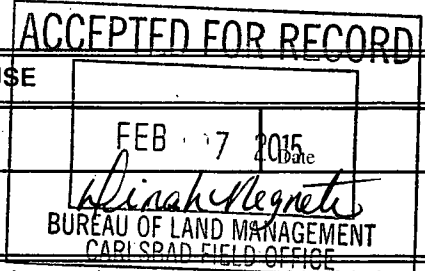
**Electronic Submission #265621 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 01/28/2015 ()**

Name (Printed/Typed) CHASITY JACKSON

Title PREPARER

Signature (Electronic Submission)

Date 09/24/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title _____

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 _____

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