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. NMLC054406

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.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No. NMNM88525X		
1. Type of Well ☐ Gas Well ☐ Other					8. Well Name and No. BURCH KEELY UNIT 851		
Name of Operator Contact: ROBYN ODOM COG OPERATING LLC E-Mail: rodom@concho.com					9. API Well No. 30-015-41398-00-X1		
3a. Address ONE CONCHO CENTER 600 MIDLAND; TX 79701	o. (include area code) 35-4385)	10. Field and Pool, or Exploratory GRAYBURG JACKSON				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, a	and State	
Sec 24 T17S R29E NESW 2316FSL 1967FWL					EDDY COUNTY, NM		
12. CHECK APPI	ROPRIATE BOX(ES) TO) INDICATE	NATURE OF 1	NOTICE, RI	EPORT, OR OTHER	R DATA	
TYPE OF SUBMISSION							
Notice of Intent	☐ Acidize . ☐ Dee		en Product		ion (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing ☐ Frac		cture Treat	☐ Reclamation		☐ Well Integrity	
☐ Subsequent Report	☐ Casing Repair ☐ New		v Construction	☐ Recomplete			
☐ Final Abandonment Notice			g and Abandon	☐ Temporarily Abandon		PD ·	
	☐ Convert to Injection ☐ Plug Ba			☐ Water Disposal ng date of any proposed work and appro			
Attach the Bond under which the wo following completion of the involved testing has been completed. Final Aldetermined that the site is ready for f COG Operating LLC respectfu 05/17/2015.	l operations. If the operation re candonment Notices shall be fil inal inspection.)	sults in a multip ed only after all	le completion or reco requirements, includ	ompletion in a i ling reclamatio	new interval, a Form 3160, have been completed, a	0-4 shall be filed once and the operator has	
NM OIL CONSERVATION ARTESIA DISTRICT				(D) /0/0//3 Accepted for record NMOCD			
0CT 1 4 2015 APPROVED FOR 2 4 MONTH PERIOD							
RECEIVED ENDING 5-					017		
14. I hereby certify that the foregoing is Co Name (Printed/Typed) ROBYN C	# Electronic Submission For COG C ommitted to AFMSS for pro	PERATING L	C, sent to the Ca THY QUEEN on	arlsbad	5CQ0445SE)		
Signature (Electronic Submission)			Date 05/06/2	015			
	THIS SPACE FO	OR FEDERA	AL OR STATE	OFFICE U	SE		
Approved By J. D. Whitlock 2			Title LPE	7		10/8/15 Date 8/15	
Conditions of upproval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to condu	Office (F	2					
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212 make it a	crime for any pe	erson knowingly and	willfully to m	ke to any department or	agency of the United	