

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
Artesia

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. NMLC028784B
2. Name of Operator COG OPERATING LLC Contact: CHASITY JACKSON E-Mail: cjackson@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-686-3087	7. If Unit or CA/Agreement, Name and/or No. NMMN88525X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T17S R29E NWSW 1650FSL 200FWL 32.831708 N Lat, 104.036927 W Lon		8. Well Name and No. BURCH KEELY UNIT 935H
		9. API Well No. 30-015-42748-00-S1
		10. Field and Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER YE UNKNOWN
		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 checked="" 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 type="checkbox"/> Other
	<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.)

7/27/15 MIRU. Pooh w/production equipment. Function test BOP. Clean out well w/chemical flush.  
7/29/15 Function test BOP. Acidize w/10,000 gals 15% HCL, flush w/25bbl fresh water.  
7/30/15 Function test BOP. TIH w/ 5-1/2 pkr and 131jts 2-7/8 tbg set pkr @ 4313. Pump chemical mixture, flush w/400bbls fresh water. Chemical set for 30 mins. Release packer. TOOH w/tbg and pkr.  
7/31/15 RIH w/132jts 2-7/8 tbg EOT @ 4363, ESP @ 4132. Turn over to production.

**NM OIL CONSERVATION**

ARTESIA DISTRICT

NOV 18 2015

RECEIVED

11/20/15  
Accepted for record  
NMOCD

14. I hereby certify that the foregoing is true and correct. Electronic Submission #323243 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/12/2015 (16JAS1088SE)	
Name (Printed/Typed) CHASITY JACKSON	Title PREPARER
Signature (Electronic Submission)	Date 11/11/2015
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 _____

ACCEPTED FOR RECORD  
NOV 12 2015  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE