Image: Charge of the second	Form 3160-5		NMC	OCD	,		
SUNDRY NOTICES AND REPORTS ON WELLS <sup>3</sup> INAL CO22 PSA          Do not use this first for for proposals to drill of to re-endor an abandond well. Use form 3160-3 (APD) for such proposals. <sup>5</sup> Indue Charge Psa          SUBMIT IN TRIFLICATE - Other instructions on reverse side. <sup>5</sup> Midl CO22 PSA            1. Type of Well <sup>5</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA          2. NOG OF PERATING LLC <sup>6</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA          3. NOG OF PERATING LLC <sup>6</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA          3. NOG OF PERATING LLC <sup>6</sup> Midl CO22 PSA <sup>6</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA <sup>5</sup> Midl CO22 PSA          4. Location of Widi I (Frouge: Ser. T. R. M. or Survey Description <sup>1</sup> Midl CO22 PSA <sup>1</sup> Midl CO22 PSA <sup>1</sup> Midl CO22 PSA          4. Location of Widi I (Frouge: Ser. T. R. M. or Survey Description <sup>1</sup> Midl CO22 PSA <sup>1</sup> Midl CO22 PSA <sup>1</sup> Midl CO22 PSA          12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE', REPORT, OR OTHER DATA		2007) UNITED STATES DEPARTMENT OF THE INTERIOR Artesia				OMB NO. 1004-0135 Expires: July 31, 2010	
abandonde well. Use form 3160-3 (APD) for such proposals.     6. In Real Alleline (in the windle      SUBMIT IN TRIFLICATE - Other instructions on reverse side.     7. Type of Well     8. Well Bus well of the Windle      9. AT Well No.     8. Well Runs and Vell Class Well	SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No. NMLC028793A		
I. Type of Well     INMENDEDGE     INVENTIONAL CONTROL OF CONTRO	Do not us abandone		6. If Indian, Allottee or Tribe Name				
Boil Well     Consert     ENDER of Vescel Ly UNIT 654       2 COG OPERATING LLC     E-Meel (jointregGoardina com     9. AP Well No. 30-015-4020-00-51       10 MADRes     Pier 432-886-5004     10. Fable and Noal CE Subornity: BURCH KEELY-GLORIETA-UPPER' BURCH KEELY KEELY-GLORIETA-UPPER' BURCH KEELY KEELY-GL	SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. NMNM88525X		
COC OPERATING LLC     E-Mail: joinns@condu.com     39-01514238-060-51       3a Address Address MIDLAND, YX 79701     ID. Field aut Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER' BURCH Keel Y 1000 Concerning a monostration of the state BURCH Keel Y 1000 Concerning Plans and Abandon TYPE OF ACTION     11. Cominy or Parsh, and State EDDY COUNTY, NM       12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION     11. Cominy or Parsh, and State EDDY COUNTY, NM       13. Decribe Or Intent B Subsequent Report D Charge Plans D C					8. Well Name and No. BURCH KEELY UNIT 654		
600 W LLINGIS AVENUE:       Ph: 432-686-3004       BURCH KEELY-GLORIETA-UPPER'         4. Location of Well       (Fundage, Sre. T. R. M. or Survey Description)       11. Counsy or Patish, and State         Sec 19 T17S R30E NWNE 660FNL 180SFEL       EDDY COUNTY, NM         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Bubcquent Report       Acidize       Deepen         Final Abandomment Notice       Change Plans       Plug and Abandon       Temporatily Abandon         13. Describe Proposed of Completed Operation (deally state all perturber details, including estimated starting date of any proposed work and approximite duration thereof.       If the preparatily Abandon       Temporatily Abandon         13. Describe Proposed of Completed Operations (deally state all perturber details, including estimated starting date of any proposed work and approximite duration thereof.       If the preparatily Abandon in Temporatily Abandon in the prevint details and approximate duration thereof.         14. There prevaled of Change Plans       Plug and Abandomic To Koncerssella be filed ony after all requirements, including reclamation, have been completed, and the operation have and and the state stardy for final inspection.         13. Describe Proposed of Completed Operations (file ony after all requirements), including reclamation, have been completed, and the operation have and approxal. Electronic Submission #320630 er Hele Diy the DLM Well Information System         14. Hereby centify t							
Sec 19 T17S R30E NWNE 660FNL 1805FEL       EDDY COUNTY, NM         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Bubscquert Report       Accidize       Production (Star/Resume)       Water Shur-Off         Bubscquert Report       Change Plans       Plug and Abandon       Temporarily Abandon       Well Integrity         13. Describe Proposed of Completed Operation (Starly Repair       Convert to Injection       Plug Back       Water Disposed       Off         13. Describe Proposed of Completed Operation (Starly Repair       Convert to Injection       Plug Back       Water Disposed       Off       Venting and/or Plug Back       Water Disposed       Off Dispose	600 W ILLINOIS AVENUE				10. Field and Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER YE		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         B Notice of Intent       Acidize       Deepen       Production (Star/Resume)       Water Shut-Off         B Subsequent Report       Casing Repair       New Construction       Recomplete       With the graph and/or Flair         B Subsequent Report       Convert to Injection       Plug Back       Water Disposal       Woter Disposal         13. Describe Regend directionally or recomplete borizontial (action recurs in a multiple completion or recomplete borizontial border). Attach the Regend directionally or recomplete borizontial of the interval of the interval operations. If the operation results in a multiple completion or recomplete borizontial able of the interval operation of the operation is an antiple completion or recomplete borizontial able of the operation is an antiple completion or recomplete in a new interval, a Form 31604-31able filed once ensities have and once in the interval operations. If the operation setults in a multiple completion or recomplete in a new interval, a Form 31604-31able filed once ensities and and once which the periods of filed mouse interval, a Form 31604-31able filed once ensities and and once in the interval operation of the operation of the interval operation of the operation of the operation of the operation of the operation for the operation filed once interval operation of the operation of the operation of the operation in a new interval, a Form 31604-31able filed once ensities and and once in the operation in a new interval, a Form 31604-31able filed once ensities and operation for the opera	4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, and State		
TYPE OF SUBMISSION       TYPE OF ACTION         In Notice of Intent       Acidize       Decepen       Production (Start/Resume)       Water Shuf-Off         Subsequent Report       Casing Repair       New Construction       Reclamation       B Other         In Intent       Change Plans       Plug and Ahandon       Temporality Abandon       Temporality Abandon         Intent Proposed or Complete       Change Plans       Plug and Ahandon       Temporality Abandon       Temporality Abandon         Intent Proposed or Complete       Change Plans       Plug and Ahandon       Temporality Abandon       Temporali	Sec 19 T17S R30E NWNE 660FNL 1805FEL				EDDY COUNTY, NM		
Notice of Intent     Actidize     Activity     Activ	12. CHECK	APPROPRIATE BOX(ES) T	O INDICATE NATURE OF	NOTICE, R	EPORT, OR OTHE	R DATA	
Notice of Intent Notice of Intent Alter Casing Repair Casing Repair Product of Intent Product of Intent Product of Intent Casing Repair Product of Intent Convert to Injection Product of Intent	TYPE OF SUBMISSION	SSION TYPE OF ACTION					
Subsequent Report Final Abandomment Notice Change Plans Charge Plans Convert to Injection Plug Back Plug and Abandon Tremporarily Abandon Recomplete Venting and/or Flan Recomplete Convert to Injection Plug Back Plug Ba	□ Notice of Intent	_	- •	Product	tion (Start/Resume)		
Construction     Construction     Construction     Convert to Injection     Convert to Inje		_	_	-			
			•				
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 accomplete horizontally, give subsurface focations and measured and true vertical depths of all pertinent markets and zones. Attack the horizontal how one Nill be performed or provide the Bond No. on file with BL/MBLA. Required and the vertical depths of all pertinent markets and zones. Attack the horizontal be performed or provide the Bond No. on file with BL/MBLA. Required using subsequent reports shall be filed one testing has been completed. In the vancement 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 impection.) Actual gas flared for this battery for 5/1/15 to Bt/1/15 to Bt/1/15 is as follows: (Permit approval: Electronic Submission #3000134) May Total for Battery = 0 mcf June Total for Battery = 0 mcf July Total for Battery = 0 mcf List for Battery = 0 mcf July Total for Battery = 0 mcf List for Battery = 0 mcf Signature (Printed/Typed) JENNIFER JOHNS Title OFEPATIONE SUBMISSION #320690 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Caribabd Committed to AFMSS for processing by JENNIFER JOHNS Title OFEPATIONELISSION Signature (Electronic Submission) Date 1020/20 5 Signature (Electronic Submission) Date 1020/20 5 THIS SPACE FOR FEDERAL OR STATE CFIGE USE Office Offic	U Final Abandonment Not		-			-	
May Total for Battery = 929 mcf June Total for Battery = 0 mcf July Total for Battery = 0 mcf July Total for Battery = 0 mcf Accepted for record NMOCD 1/ 6/15 NMOCD 1/ 6/15 RECEIVED 14. 1 hereby certify that the foregoing is true and correct. Electronic Submission #320690 verified by the BLM Weil Information System For COG OPERATING LC, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/27/2015 (16.JASOZ5/8E) Name (Printed/Typed) JENNIFER JOHNS Title OF FPATIONS IT IS PACE FOR FEDERAL OR STATE OF FIDE USE <sup>2</sup> / 2013 Approved By Approved By	÷						
June Total for Battery = 0 mcf       0CT 3 0 2015         July Total for Battery = 0 mcf       Accepted for record       RECEIVED         14. I hereby certify that the foregoing is true and correct. Electronic Submission #320690 verified by the BLM Well information System For COG OPERATING LC, sent to the Carisbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/24/2015 (16JAS075/SF)         Name (Printed/Typed)       JENNIFER JOHNS         Signature       (Electronic Submission)         Date       10/20/20 5         THIS SPACE FOR FEDERAL OR STATE OF FICE-USE <sup>2</sup> Approved By	May		NM		ERVATION		
July Total for Battery = 0 mof       Accepted for record (MMOCD 1) (6) (5)       RECEIVED         14. I hereby certify that the foregoing is true and correct. Electronic Submission #320690 verified by the BLM Weil Information System For COG OPERATING LC, sent to the Carlsbad/ Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/22/2015 (16)AS075 SE)         Name (Printed/Typed)       JENNIFER JOHNS       Title       OFERATIONSTINGING CONTROL FOR FEDERAL OR STATE OFFICE USE       OFERATIONSTINGING CONTROL FOR FEDERAL OR STATE OFFICE USE         Signature       (Electronic Submission)       Date       10/20/2015       Title         Approved By       Title       DERTATION STATE OFFICE USE       Date         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant to conduct operations thereon.       Title       BRRAND MANAGE USE       Date         Office       Office       Office       Office       Office       Office	June				JINICF		
Tofal for Battery = 0 mcf       Accepted for record       III (a) IS         14. I hereby certify that the foregoing is true and correct. Electronic Submission #320690 verified by the BLM Well Information System For COG OPERATING L.C., sent to the Carlsbad       System         Name (Printed/Typed)       JENNIFER JOHNS       Title       OPERATIONS IN IFER SANCHEZ on 10/23/2015 (16 JAS075, SE)         Name (Printed/Typed)       JENNIFER JOHNS       Title       OPERATIONS IN IFER SANCHEZ on 10/23/2015 (16 JAS075, SE)         Signature       (Electronic Submission)       Date       10/20/2015         Signature       (Electronic Submission)       Date       10/20/2015         Approved By       Title       BRRAU OV EAND MAN Electron       Date         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       Office         Office       Office       Office       Office       Othe United							
14. 1 hereby certify that the foregoing is true and correct. Electronic Submission #320690 verified by the BLM Well Information System For COG OPERATING LC, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/23/2015 (16.JAS075/SFF)         Name (Printed/Typed)       JENNIFER JOHNS         Title       OF FOR TOTION TOTAL TO THE POINT OF TOTAL TO THE PO			I whether	RECEIV	ED		
For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/23/2015 (16.JAS075 SE).         Name (Printed/Typed)       JENNIFER JOHNS       Title       OPERATIONS HADDINE R SANCHEZ on 10/23/2015 (16.JAS075 SE).         Signature       (Electronic Submission)       Date       10/20/2015         Signature       (Electronic Submission)       Date       10/20/2015         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Title       BRR/AL/OV LAND NAME EVEN       Date         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable tille to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Office         Citle 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.       Office	14. I hereby certify that the forego			$\overline{\mathcal{A}}$			
Name (Printed/Typed)       JENNIFER JOHNS       Title       OFERATIONSTRUCTURE (OPC)         Signature       (Electronic Submission)       Date       10/20/2015         THIS SPACE FOR FEDERAL OR STATE OFFICE USE       Curve       Date         Approved By       Title       DERVAL OF LAND NAME (EVAL)       Date         Conditions of approval, if any, are attached. Approval of this notice does not warrant or sertify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Title       DERVAL OFFICE       Date         Office       Office       Office       Office       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.       Office	c.	For COG C	PERATING LLC, sent to the C	arisbad/	-		
Signature       (Electronic Submission)       Date       10/20/2015         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By						D	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By			AC				
Approved By	Signature (Electro						
Conditions of approval, if any, are attached. Approval of this notice does not warrant or vertify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Citle 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.		THIS SPACE FO	DR FEDERAL OR STATE	OFFICE US	SE <sup>2</sup> //LOIG	WYYW/	
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. 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.	Approved By		Title	B BATA	AND MAMALEMENT	Date	
States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	Conditions of approval, if any, are at certify that the applicant holds legal	or equitable title to those rights in the	not warrant or	/ CARLSB	AD FIELD OFFICE		
** BLM REVISED **	Fitle 18 U.S.C. Section 1001 and Tit	le 43 U.S.C. Section 1212, make it a		willfully to ma	ke to any department or a	agency of the United	
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## Additional data for EC transaction #320690 that would not fit on the form

## 32. Additional remarks, continued

Aug Total for Battery = 0 mcf

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Number of wells flared: (23)

BURCH-KEELY UNIT #84 30-015-03070 BURCH-KEELY UNIT #116 30-015-03066 BURCH-KEELY UNIT #116 30-015-03084 BURCH-KEELY UNIT #132 30-015-03084 BURCH-KEELY UNIT #227 30-015-28687 BURCH-KEELY UNIT #227 30-015-28886 BURCH-KEELY UNIT #264 30-015-28886 BURCH-KEELY UNIT #278 30-015-28809 BURCH-KEELY UNIT #305 30-015-29809 BURCH-KEELY UNIT #312 30-015-31434 BURCH-KEELY UNIT #314 30-015-31526 BURCH-KEELY UNIT #314 30-015-31526 BURCH-KEELY UNIT #338 30-015-32700 BURCH-KEELY UNIT #338 30-015-32756 BURCH-KEELY UNIT #338 30-015-32756 BURCH-KEELY UNIT #338 30-015-33814 BURCH-KEELY UNIT #603 30-015-38571 BURCH-KEELY UNIT #608 30-015-38571 BURCH-KEELY UNIT #608 30-015-38646 BURCH-KEELY UNIT #611 30-015-38646 BURCH-KEELY UNIT #859 30-015-40375 BURCH-KEELY UNIT #859 30-015-40383 BURCH-KEELY UNIT #860 30-015-40384 BURCH-KEELY UNIT #860 30-015-40384 BURCH-KEELY UNIT #901 30-015-40886 BURCH-KEELY UNIT #900 30-015-40886 BURCH-KEELY UNIT #900 30-015-40886

Reason: Planned midstream curtailment