

NMOC D Artesia

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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. NMLC028793A
2. Name of Operator COG OPERATING LLC Contact: JENNIFER JOHNS E-Mail: jjohns@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: 432-686-3004	7. If Unit or CA/Agreement, Name and/or No. NMNM88525X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T17S R30E SESE 25FSL 900FEL 32.827430 N Lat, 104.005720 W Lon		8. Well Name and No. BURCH KEELY UNIT 418
		9. API Well No. 30-015-36183-00-S1
		10. Field and Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER YE
		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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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 recomplate 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 production has been reinitiated. Final Abandonment Notices shall be filed only after all operations, including subsequent recompletions, have been completed and the completion top determined that the site is ready for final inspection.)

Actual gas flared for this battery for 5/8/15 to 8/6/15 is as follows:

(Permit approval: Electronic Submission #301373)

May
Total for Battery = 2848 mcf

June
Total for Battery = 0 mcf

July
Total for Battery = 0 mcf

NM OIL CONSERVATION
ARTESIA DISTRICT

OCT 30 2015

RECEIVED

11/6/15
Accepted for record
NMOC D

14. I hereby certify that the foregoing is true and correct. Electronic Submission #320724 verified by the BLM Well Information System for COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/23/2015 (16JAS0766SE)	
Name (Printed/Typed) JENNIFER JOHNS	Title OPERATIONS ENGINEER
Signature (Electronic Submission)	Date 10/20/2015
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	Title _____ 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 _____	
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.	

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

Additional data for EC transaction #320724 that would not fit on the form

32. Additional remarks, continued

Aug
Total for Battery = 0 mcf

Number of wells flared: (42)

BURCH-KEELY UNIT #29 30-015-04190
BURCH-KEELY UNIT #47 30-015-03082
BURCH-KEELY UNIT #48 30-015-24977
BURCH-KEELY UNIT #49 30-015-21265
BURCH-KEELY UNIT #50 30-015-03078
BURCH-KEELY UNIT #52 30-015-04201
BURCH-KEELY UNIT #53 30-015-22091
BURCH-KEELY UNIT #54 30-015-04199
BURCH-KEELY UNIT #55 30-015-21657
BURCH-KEELY UNIT #58 30-015-04192
BURCH-KEELY UNIT #62 30-015-03081
BURCH-KEELY UNIT #225 30-015-27645
BURCH-KEELY UNIT #234 30-015-27652
BURCH-KEELY UNIT #239 30-015-28018
BURCH-KEELY UNIT #242 30-015-27646
BURCH-KEELY UNIT #262 30-015-28333
BURCH-KEELY UNIT #282 30-015-29722
BURCH-KEELY UNIT #304 30-015-30633
BURCH-KEELY UNIT #321 30-015-32098
BURCH-KEELY UNIT #322 30-015-32108
BURCH-KEELY UNIT #327 30-015-32430
BURCH-KEELY UNIT #328 30-015-32425
BURCH-KEELY UNIT #334 30-015-32702
BURCH-KEELY UNIT #335 30-015-32701
BURCH-KEELY UNIT #355 30-015-32789
BURCH-KEELY UNIT #357 30-015-32915
BURCH-KEELY UNIT #358 30-015-32916
BURCH-KEELY UNIT #359 30-015-32969
BURCH-KEELY UNIT #360 30-015-32970
BURCH-KEELY UNIT #361 30-015-32991
BURCH-KEELY UNIT #362 30-015-32971
BURCH-KEELY UNIT #379 30-015-33816
BURCH-KEELY UNIT #384 30-015-33813
BURCH-KEELY UNIT #387 30-015-33812
BURCH-KEELY UNIT #388 30-015-33815
BURCH-KEELY UNIT #401 30-015-35432
BURCH-KEELY UNIT #402 30-015-35440
BURCH-KEELY UNIT #403 30-015-35441
BURCH-KEELY UNIT #405 30-015-35439
BURCH-KEELY UNIT #238 30-015-28331
BURCH-KEELY UNIT #269 30-015-29510
BURCH-KEELY UNIT #61 30-015-05911

Reason: FRONTIER SHUTDOWN 7 DCP PLANT ISSUES.