Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Carlsbad Field Office APPROVED OMB NO. 1004-0137 OCD Artesia Expires: January 31, 2018

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.					5. Lease Serial No. NMLC028784C 6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☐ Gas Well ☐ Other					8. Well Name and No. BURCH KEELY UNIT 515	
Name of Operator Contact: ROBYN RUSSELL COG OPERATING LLC E-Mail: rrussell@concho.com					9. API Well No. 30-015-42958-00-X1	
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	include area code) -4385 10. Field and Pool or Exploratory Area BURCH KEELY-GLORIETA-UPPER					
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State	
Sec 13 T17S R29E NWNE 990FNL 2310FEL 32.838954 N Lat, 104.026671 W Lon					EDDY COUNTY, NM	
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	☐ Acidize	☐ Dee	☐ Deepen		ion (Start/Resume)	☐ Water Shut-Off
_	☐ Alter Casing	r Casing		ation	■ Well Integrity	
☐ Subsequent Report	Casing Repair		Construction	□ Recomplete		Other
☐ Final Abandonment Notice	☐ Change Plans	Plug	☐ Plug and Abandon		arily Abandon	Change to Original A PD
	☐ Convert to Injection	Plug	☐ Plug Back ☐ Water Disposal		Disposal	
13. Describe Proposed or Completed Op. If the proposal is to deepen direction: Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f COG Operating LLC respectfu 02/24/2017.	ally or recomplete horizontally, rk will be performed or provide I operations. If the operation re- oandonment Notices must be fil- inal inspection.	give subsurface the Bond No. or sults in a multipled only after all	locations and measu in file with BLM/BIA the completion or reco requirements, includ	red and true vo Required su empletion in a ing reclamatio	ertical depths of all pertin bsequent reports must be new interval, a Form 316	ent markers and zones. filed within 30 days 0-4 must be filed once
NEKT CHL Ö 0 Artesi	NSERVATION					
MAR 1 3 2017 APPROVED FOR 29 MC					NTH PERIOD	
ENDING 2-27-2019						
14. I hereby certify that the foregoing is	true and correct. Electronic Submission # For COG Onmitted to AFMSS for proce	367444 verifie PERATING LI essing by PRI	d by the BLM Wel .C, sent to the Ca SCILLA PEREZ or	l Information arlsbad n 02/21/2017	n System (17PP0204SE)	
Name (Printed/Typed) ROBYN R	Title REGULATORY ANALYST					
Signature (Electronic S	Date 02/17/20	017				
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE	
Approved By J.D. Whitelook g			Title TIPE?			7/9/17 Date 9/17
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	Office CFO					
Fitle 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212, make it a	crime for any pe	rson knowingly and	willfully to ma	ake to any department or	agency of the United

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.