Form 3160-5 June 2015)						FORM APPROVED OMB NO. 1004-0137 Official anuary 31, 2018		
SU	NDRY NOTICES AN	D REPORTS	ON WELLS	D Arte	Lease Serial No. NML C028784C			
Do not abandoi	use this form for pro ned well. Use form 3	posals to drill ( 160-3 (APD) for	or to re-enter an such proposals.	6.	If Indian, Allottee o	r Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well ⊠ Oil Well □ Gas Well □ Other					8. Well Name and No. BURCH KEELY UNIT 511			
Name of Operator     Contact: ROBYN RUSSELL     COG OPERATING LLC     E-Mail: rrussell@concho.com					9. API Well No. 30-015-42961-00-X1			
			Phone No. (include area code) 432-685-4385		10. Field and Pool or Exploratory Area BURCH KEELY-GLORIETA-UPPER YE			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State			
Sec 13 T17S R29E NE 32.838956 N Lat, 104.		EDDY COUNTY, NM						
12. CHECK	THE APPROPRIATE	BOX(ES) TO I	NDICATE NATURE O	F NOTICE, RE	PORT, OR OTH	IER DATA		
TYPE OF SUBMISSIO	DN	TYPE OF ACTION						
🛛 Notice of Intent			Deepen	Production	(Start/Resume)	U Water Shut-Off		
	☐ Alter Cas	ing	Hydraulic Fracturing	Reclamation	1	Well Integrity		
Subsequent Report	🗖 Casing R	-	New Construction	uction 🗖 Recomplete		Other Change to Original A		
Final Abandonment N	otice Change F		Plug and Abandon Plug Back	<ul> <li>Temporarily</li> <li>Water Dispo</li> </ul>		PD		
determined that the site is re	ady for final inspection.		y after all requirements, includ	0	-			
						ARTESIA DISTRICT		
APFROVED FOR 29 MONTH								
ENDING 2-23						CEIVED		
					13 <i>1</i> 7.	CEIVED		
4. I hereby certify that the for	egoing is true and correct. Electronic Su	bmission #36744	3 verified by the BLM We	II Information Sy	stem	<u></u>		
Name (Printed/Typed) R(	Committed to AFMS	For COG OPERA	ATING LLC, sent to the Ca by PRISCILLA PEREZ o Title REGUL	arisbad n 02/21/2017 (171 ATORY ANALY	-			
Signature (El	ectronic Submission)		Date 02/17/2	017				
	THIS S	PACE FOR F	EDERAL OR STATE	OFFICE USE				
Approved By O. D. Whitlonky			Title TCPE	. T		3 Date 9/17		
nditions (Fapproval, if any, and tify that the applicant holds le tich would entitle the applicant	orrant or ct lease Office	9		· .				
tle 18 U.S.C. Section 1001 and States any false, fictitious or fra				willfully to make t	o any department o	agency of the United		
structions on page 2)	A REVISED ** RI M	REVISED ** F	BLM REVISED ** BLN					
PLI			CHINEVISED BLN					