

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA DISTRICTFORM APPROVED
OMB NO. 1004-0137
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.

APR 10 2017

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC028793C
2. Name of Operator COG OPERATING LLC Contact: KANICIA CASTILLO E-Mail: kcastillo@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	7. If Unit or CA/Agreement, Name and/or No. NMNM88525X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T17S R30E Mer NMP 1295FNL 2665FEL		8. Well Name and No. BURCH KEELY UNIT 145
		9. API Well No. 30-015-21659
		10. Field and Pool or Exploratory Area GRBG JACKSON;SR-Q-GRBG-SA
		11. County or Parish, State EDDY COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing <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 checked="" 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 recomple 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

03/10/17 MIRU Plugging Equipment. POH w/ rods.

03/13/17 100 psi on tbg, bled down pressure. ND well head, NU BOP. POH w/ tbg. Set 5 1/2" CIBP @ 1650'. Circulated hole w/ MLF. Pressure test'd csg to 500 psi, pressure fell to 0 psi. Spot'd 25 sx class C cmt w/ 2% CACL @ 1650-1410'. WOC. Tag'd plug @ 1414'. Perf'd csg @ 1100'.

03/14/17 Isolated hole in 8 5/8 csg @ surface. Sqz'd 45 sx class C cmt w/ 2% CACL @ 1100 & displaced to 950 +/- WOC. Tag'd plug @ 924'. Perf'd csg @ 555'. Sqz'd 140 sx class C cmt @ 555' & circulated to surface. Rigged down and moved off.

03/27/17 Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Underground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off.

**RECLAMATION
DUE 9-14-17**

Accepted as to legal title of the well and liability under the well agreement. Surface location is complete.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #371349 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 03/29/2017 ()	
Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 03/28/2017
Accepted for Record THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By <i>James R. Jones</i>	Title <i>SPET</i>
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 <i>CFO</i>
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.	

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****