Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR IS BUREAU OF LAND MANAGEMENT IS LEASE. 5 Lease.

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON	NWENS'D A	Artesia

SUNDRY NOTICES AND REPORTS ON WENG A RICESIA Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.			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				8. Well Name and No. BURCH KEELY UNIT 528		
Oil Well ☐ Gas Well ☐ Other 2. Name of Operator Contact: ROBYN RUSSELL				9. API Well No.		
COG OPERATING LLC E-Mail: rrussell@concho.com				30-015-43351-00-X1		
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701		3b. Phone No. (include area code) Ph: 432-685-4385			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 NESW 2200FSL 1700FWL				EDDY COUNTY, NM		
12. CHECK THE AL	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE OF	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
☑ Notice of Intent	☐ Acidize	☐ Dee	Deepen Product		ion (Start/Resume)	☐ Water Shut-Off
_	☐ Alter Casing	☐ Hyd	Iraulic Fracturing	☐ Reclama	ation	■ Well Integrity
☐ Subsequent Report	☐ Casing Repair	□ Nev	v Construction	n Recomplete		
☐ Final Abandonment Notice	☐ Change Plans ☐ Convert to Injection	☐ Plug ☐ Plug	- ·		arily Abandon Disposal	PD
following completion of the involved testing has been completed. Final At determined that the site is ready for f COG Operating LLC respectful 08/31/2017.	pandonment Notices must be filinal inspection.	ed only after all	requirements, includi	ing reclamation	new interval, a Form 316, have been completed a	and the operator has
	ARTESIA	DISTRICT				
SEP 1 8 2017		APPROVED FOR $\frac{24}{9}$ MONTH PERIOD			RIOD	
RECEIVED		ENDIN	ENDING 8/30/2019			
		Poy A T [%				
14. I hereby certify that the foregoing is Co Name (Printed/Typed) ROBYN R	Electronic Submission # For COG C mmitted to AFMSS for pro	PERATING LI	LC, sent to the Ca NILLE ORTIZ on (ırlsbad	7TO0033SE)	
Signature (Electronic S			Date 08/02/20			
	THIS SPACE FO	OR FEDERA	L OR STATE (OFFICE U	SE 	=
_Approved By DN K	thoch 2		Title 720	ET		Date 13/1-
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant th	nitable title to those rights in the		Office CF	0		
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a statements or representations as	crime for any pe to any matter w	erson knowingly and ithin its jurisdiction.	willfully to ma	ake to any department or	agency of the United