

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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.

5. Lease Serial No.
NMLC028784B

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.
NMMN88525X

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
BURCH KEELY UNIT 604

2. Name of Operator
COG OPERATING LLC

Contact: CHASITY JACKSON
E-Mail: cjackson@concho.com

9. API Well No.
30-015-40663

3a. Address
ONE CONCHO CENTER 600 W. ILLINOIS AVE
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 432-686-3087

10. Field and Pool, or Exploratory
BURCH KEELY

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 23 T17S R29E Mer NMP SENE 1355FNL 1310FEL

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 Well Spud |
| | <input type="checkbox"/> Change Plans | <input 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 recomplete 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 testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

8/28/14 Spud 17-1/2 @ 6:30PM. 8/29/14 TD 17-1/2 @ 344. Ran 8jts 13-3/8 H40 54.5# @ 344. Cmt w/400sx C. PD @ 7AM. Circ 134sx. WOC 18hrs. Test BOP to 2000# for 30min ok.
8/30/14 TD 11 @ 977. Ran 23jts 8-5/8 J55 24# @ 977.
8/31/14 Cmt w/300sx C. +adds. lead, 200sx C. tail. PD @ 8:30AM. Circ 133sx. WOC 18hrs. Test BOP to 2000# for 30min ok.
9/3/14 TD 7-7/8 @ 4770. Ran 113jts 5-1/2 J55 17# @ 4758. Cmt w/500sx C. +adds lead, 400sx C. +adds tail.
9/4/14 PD @ 1:44AM. Circ 290sx. WOC. RR.

Accepted for record
APD NMLC028784B 2/14/15

NM OIL CONSERVATION
ARTESIA DISTRICT
JAN 26 2015
RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #261818 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 01/02/2015 ()

Name (Printed/Typed) CHASITY JACKSON

Title PREPARER

Signature (Electronic Submission)

Date 09/08/2014

ACCEPTED FOR RECORD
JAN 14 2015
Deborah Ham
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title _____

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.

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