

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION
ARTEZIA DISTRICT
OCD Artesia
JUN 29 2015

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC028784C	
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name	
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701		7. If Unit or CA/Agreement, Name and/or No. NMNM88525X	
3b. Phone No. (include area code) Ph: 432-687-3033		8. Well Name and No. BURCH KEELY UNIT 137	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T17S R29E NWNE 25FNL 2615FEL		9. API Well No. 30-015-03109-00-S1	
		10. Field and Pool, or Exploratory GRAYBURG	
		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 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 recompletable 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 recompletable 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.)

06/03/15: PUMP 35 SXS.CMT. W/ 2%CACL @ 2,897'; WOC X TAG CMT. @ 2,746'(OK'D BY BLM); SET 7" CIBP @ 2,396'; CIRC. WELL; PUMP 65 SXS.CMT. @ 2,396'-2,155'.
06/04/15: PRES. TEST 7" CSG. @ 1,200# FOR 15 MINS. - HELD OK; PERF. X SQZ. 50 SXS.CMT. W/ 2%CACL @ 875'; WOC X TAG CMT. @ 784'(OK'D BY BLM); PERF. X SQZ. 55 SXS.CMT. @ 450'; WOC.
06/05/15: TAG CMT. @ 302'(OK'D BY BLM); PERF. X CIRC. TO SURF. 70 SXS.CMT. W/ 2%CACL @ 100'(PER BLM); WOC 45 MINS. X PUMP 60 SXS.CMT.; WOC 45 MINS. X PUMP 50 SXS.CMT.; WOC X TAG CMT. @ 60'; MIX X CIRC. TO SURF. 15 SXS.CMT. @ 60'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULLI; WELD ON STEEL PLATE TO CSGS. X INSTALL GROUND LEVEL DRY HOLE MARKER. WELL PLUGGED AND ABANDONED 06/05/15.

Accepted for record
NMOCD
7/31/15

RECLAMATION
DUE 12-2-15

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #304191 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JAMES AMOS on 06/22/2015 (15JA0233SE)	
Name (Printed/Typed)	DAVID A EYLER	Title	AGENT
Signature	(Electronic Submission)	Date	06/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	ACCEPTED	JAMES A AMOS Title SUPERVISORY PET	Date 06/22/2015
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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 Carlsbad

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.