

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTNMOCD  
ArtesiaFORM 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.  
NMLC028784A

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.  
NMNM88525X

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
BURCH KEELY UNIT 956H2. Name of Operator  
COG OPERATING LLCContact: KANICIA CASTILLO  
E-Mail: kcastillo@concho.com9. API Well No.  
30-015-42241-00-S13a. Address  
600 W ILLINOIS AVENUE  
MIDLAND, TX 797013b. Phone No. (include area code)  
Ph: 432-685-433210. Field and Pool, or Exploratory  
BURCH KEELY-GLORIETA-UPPER YE  
UNKNOWN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 23 T17S R29E SENE 1650FNL 165FEL  
32.822641 N Lat, 104.036886 W Lon11. 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 checked="" 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 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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 recompleat 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 recompleat 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.)

COG Operating LLC, respectfully requests to flare at the Burch Keely Unit #956H battery.

Number of wells to flare: (8)

BURCH-KEELY UNIT 956H 30-015-42241  
BKU 616 30-015-38517  
BKU 620 30-015-39569  
BKU 621 30-015-40325  
BKU 857 30-015-40381  
BKU 902 30-015-40329  
BKU 947H 30-015-40637  
BKU 936H 30-015-40888NM OIL CONSERVATION SEE ATTACHED FOR  
ARTESIA DISTRICT CONDITIONS OF APPROVAL  
NOV 19 2015Accepted for record  
NMOCD

RECEIVED

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #264696 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DINAH NEGRETE on 11/08/2014 (15DCN0014SE)	
Name (Printed/Typed) KANICIA CASTILLO	Title PREPARED
Signature (Electronic Submission)	Date 09/19/2014
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.	

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

**Additional data for EC transaction #264696 that would not fit on the form**

**32. Additional remarks, continued**

300 Oil/Day  
875 MCF/Day

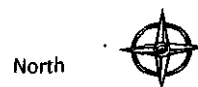
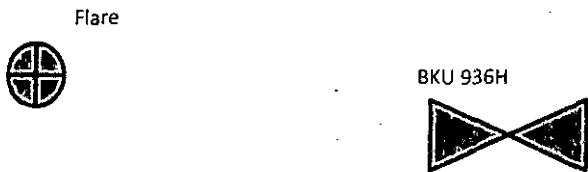
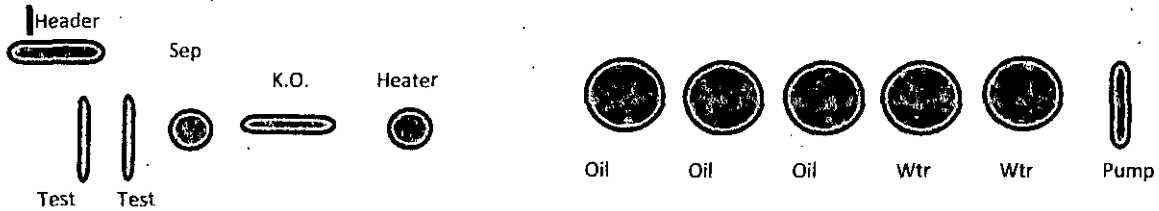
Requesting 90 day approval from 9/21/14 to 12/21/14.

DCP Linam plant shut down for maintenace.

Schematic attached.

# Flare Request Form

Battery-	BKU 13C		
Production-	200 oil 115 gas		
Total BTU of Htrs-	1,000,000		
Flare Start Date-	7/16/2014	Flare End Date-	12/31/2014
UL Sec-T-R-	SEC 13-17S-29E	GPS-	N 32°49.826' W104 02.123'
# of wells in bty-	1	# of wells to be flared-	1
Reason For Flare-	DCP shut in		



## **Flaring Conditions of Approval**

1. Report all volumes on OGOR B as disposition code 08.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. Flared volumes will still require payment of royalties
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days from date requested on sundry.
9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

**JAM 110215**