Form 3160-5 (August 2007)

NMOCD Artesia

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROV	ΕD
OMB NO. 1004-0	135
Francisco Laboration 2.1 2	011

Expires: July 31, 2010 ase Serial No.

BOKETO OF ETHIS MITTAGEMENT	5. Le
SUNDRY NOTICES AND REPORTS ON WELLS	NI NI
not use this form for proposals to drill or to re-enter an	
	1 6 161

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.					NMLC028793A	1
					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	
I. Type of Well Gas Well Other					8. Well Name and No. BURCH KEELY UNIT 654	
Name of Operator Contact: JENNIFER JOHNS COG OPERATING LLC E-Mail: jjohns@concho.com					9. API Well No. 30-015-40280-00-S1	
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701 3b. Phone No. (include area code) Ph: 432-686-3004					10. Field and Pool, or Exploratory BURCH KEELY-GLORIETA-UPPER YE	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 19 T17S R30E NWNE 660FNL 1805FEL					EDDY COUNTY, NM	
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF N	OTICE, RE	EPORT, OR OTHER	DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
☐ Notice of Intent	☐ Acidize	☐ Dee	pen	☐ Producti	ion (Start/Resume)	☐ Water Shut-Off
	☐ Alter Casing	☐ Frac	ture Treat	□ Reclama	ation	■ Well Integrity
Subsequent Report	☐ Casing Repair	□ New	Construction	☐ Recomp	lete	Other
☐ Final Abandonment Notice	☐ Change Plans		and Abandon		arily Abandon	Venting and/or Flari ng
	☐ Convert to Injection	Plug	Back	☐ Water D	Disposal	
If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi Actual gas flared for this batte	k will be performed or provide the operations. If the operation result andonment Notices shall be filed nal inspection.)	e Bond No. or ts in a multipl only after all r	rfile with BLM/BIA e completion or reco	. Required sub mpletion in a n ng reclamation	sequent reports shall be f lew interval, a Form 3160 n, have been completed, an	iled within 30 days -4 shall be filed once and the operator has
-		101101143.		NIV	OIL CONSERV ARTESIA DISTRIC	
(Permit approval: Electronic S May Total for Battery = 697 mcf	ubilission #300131)				OCT 3 0 2015	
June Total for Battery = 0 mcf				i.	RECEIVED	
July Total for Battery = 0 mcf	Accepte	d for rec MOCD //	cord .			
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #32	nege varific	by the RI M Well	Intermetion	sulla i	/
Comm	For COG OPE itted to AFMSS for processi	ERATING L L	C, sent to the Ca	risbad	ME LASOFFOSEN D	
Name (Printed/Typed) JENNIFEF	•	ig by scitic		TONDENG	MEHANG TECH	
•	•		1700	1		1
Signature (Electronic S	<u> </u>		Date 10/20/20	1507 5.	2 Sonties LAVE	
	THIS SPACE FOR	FEDERA	LORSTATE	PFICE US		<u> </u>
Approved By			Title BURE	AU OF LAND	MANAGEMENT LD. GEELCE	Date
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	itable title to those rights in the su		Office	AILCOONS		
Title 18 U.S.C. Section 1001 and Title 43 U.States any false, fictitious or fraudulent s				villfully to mal	ke to any department or a	gency of the United

Additional data for EC transaction #320685 that would not fit on the form

32. Additional remarks, continued

Aug Total for Battery = 0 mcf

Number of wells flared: (11)

BURCH-KEELY UNIT #418 30-015-36183 BURCH-KEELY UNIT #643 30-015-39570 BURCH-KEELY UNIT #644 30-015-39571 BURCH-KEELY UNIT #651 30-015-40278 BURCH-KEELY UNIT #654 30-015-40280 BURCH-KEELY UNIT #656 30-015-40005 BURCH-KEELY UNIT #657 30-015-39567 BURCH-KEELY UNIT #914 30-015-40300 BURCH-KEELY UNIT #965H (FKA 19-4H) 30-015-40973 BURCH-KEELY UNIT #626 30-015-40276 BURCH-KEELY UNIT #788 30-015-40706

Reason: Planned midstream curtailment