Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Artesia

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

5. Lease Serial No.

CHIMPDY	NOTICES	AND DEC	ODTO	ONIMEL	10
JUNDKI	MOTICES	AND KE	OKIS	ON MEE	LJ
not use th	is form for	proposals	to drill d	or to re-er	iter an
1101 430 61		NI OPOSUIS	to arm c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,

NMNM99034

Do not use thi						
abandoned wei	6. If Indian, Allottee or Tribe Name					
SUBMIT IN 1	7. If Unit or CA/Agreement, Name and/or No. NMNM130256					
1. Type of Well	8. Well Name and No. JUNIPER BIP FEDERAL 12H					
☑ Oil Well ☐ Gas Well ☐ Oth		1 MORALES			JENAL IZII	
2. Name of Operator EOG Y RESOURCES INC	9. API Well No. 30-015-40754					
3a. Address 104 S FOURTH STREET ARTESIA, NM 88210		one No. (include area code) 75-748-4200		10. Field and Pool or Exploratory Area CEDAR CANYON;BONE SPRING		
4. Location of Well (Footage, Sec., T		11. County or Parish, State				
Sec 8 T24S R29E NENE 1296	EDDY COUNTY, NM					
12. CHECK THE A	PPROPRIATE BOX(ES) TO INI	DICATE NATURE OI	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION						
□ Notice of Laterat	☐ Acidize [Deepen	☐ Product	ion (Start/Resume)	■ Water Shut-Off	
☐ Notice of Intent	☐ Alter Casing [Hydraulic Fracturing	☐ Reclamation		☐ Well Integrity	
Subsequent Report	☐ Casing Repair	□ New Construction □ Recomplete		olete	☑ Other	
☐ Final Abandonment Notice	- · ·	Plug and Abandon	☐ Tempor	arily Abandon	-	
_		7 Plug Back	☐ Water Disposal			
Total flare amounts per month Jan:438 Feb:23 Mar:265	quested as per COA to flare on p	reviously approved ap-	NM (OIL CONSERVA	TION	
				ARTESIA DISTRICT	• •	
				JUL 19 2017 RECEIVED	Shoul"	1
14. I hereby certify that the foregoing is Name(Printed/Typed) MIRIAM N	For EOG Y RESOUR For EOG Y RESOUR Committed to AFMSS for process	RCES NC, sent to the Cing by DEBORAH MCKI	arisbad	/10/2017 ()		
Name (Printed/Typed) MIRIAM N	IORALES	Title PRODU	CHON AN	14131	_/_	
Signature (Electronic S	Submission)	Date 05/08/20	ACCE	PTED FOR RI	ECORD	
	THIS SPACE FOR FEI	DERAL OR STATE	OFFICE U	SE	7	7 ^
Approved By Conditions of approval, if any, are attache			JUL 1 4 /2017	Date	M	
certify that the applicant holds legal or equivalent which would entitle the applicant to condu	uct operations thereon.	Office	<u> </u>	AU OF LAND MANAS ARLSBAD FIELD GEE	ICE /	
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a crime for statements or representations as to any m	any person knowingly and atter within its jurisdiction.	willfully to m	ake to any department or	agency of the United	1 /
(Instructions on page 2)					/	/

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