

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
ArtesiaFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.
NMNM113939

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
GUTSY BUN FEDERAL COM 1H9. API Well No.
30-015-4403210. Field and Pool or Exploratory Area
WC015G03S262608C;BONE SPR11. County or Parish, State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Contact: KAY MADDOX
EOG RESOURCES INCORPORATED E-Mail: Kay_Maddox@EOGRESOURCES.com

3a. Address

PO BOX 2267
MIDLAND, TX 79702

3b. Phone No. (include area code)

Ph: 432-686-3658

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

Sec 4 T26S R26E NWNW 200FWL
32.078490 N Lat, 104.305630 W Lon**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <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 | |
| <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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

06/29/2017 Prep well for completion, press test production casing to 8500 psi- held it for 30 min (attached chart)
07/18/2017 MIRU to Perf and Frac

JS 9-13-17
Accepted for record - NMOCD

Sundry submitted per NMOCD request to document production casing was tested adequately according to NMOCD rules & regulations

NM OIL CONSERVATION

ARTESIA DISTRICT

SEP 13 2017

RECEIVED

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

Electronic Submission #385932 verified by the BLM Well Information System
For EOG RESOURCES INCORPORATED, sent to the Carlsbad
Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/31/2017 ()

Name (Printed/Typed) KAY MADDOX

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/24/2017

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.

(Instructions on page 2)

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

JOB REPORT



Pressure Pumping Services
Pressure Testing - Misc. Pumping - Sand Plugs - Acid Stimulation

COMPANY DETAILS

Company: EOG Resources
Contact: Robert Ivie
Phone: 940-255-8293

Email:

JOB DETAILS

DATE June 15, 2017
START TIME 9:11:46
END TIME 11:01:40
Ticket#: 00983

Operator: Shelly Goddard
LSD#: Casing test

Comments: Gutsy Bun Fed COM 1H Casing test

SUMMARY GRAPH

