

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

EOG (New Mexico) Inc.

3. Address and Telephone No.

621 17th St #1800, Denver, CO 80293

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

1650' FSL & 990' FEL
NESE Section 29, T24N-R1W

5. Lease Designation and Serial No.
NMSF079352A

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

Harrington Federal #4

9. API Well No.

30-039-05293

10. Field and Pool, or Exploratory Area

S Blanco Pictured Cliffs

11. County or Parish, State

Rio Arriba Co., NM

12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

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

TYPE OF ACTION

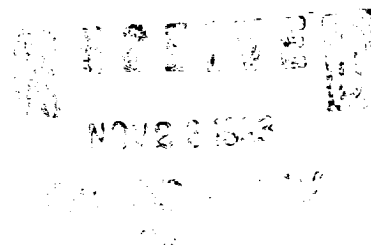
- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Estimated start date of proposed work: 11/22/93

Install 30 HP, 2 stage wellhead compressor
AOF @ 120 PSI - 199 M



cc: NMOC

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

Signed Connie Smith

Title Sr. Engineering Technician

Date 11/12/93

(This space for Federal or State office use)

Approved by (Original Signed) HECTOR A. VILLALOBOS
Conditions of approval, if any:

Title AREA MANAGER
RIO PUERTO RESOURCE AREA

Date NOV 22 1993