Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED						
OMB NO. 1004-0135						
xpires: November 30, 2000						

5. Lease Serial No.

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

NM 108500
6. If Indian, Allottee or Tribe Name

abandoned well. Use Fort	m 3160-3 (APD) foi	such proposals.				
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or N Red Hills North Unit		
1. Type of Well				8. Well Name and No.		
Oil Well Gas Well X Other Water Injecton					Red Hills North Unit 703	
2. Name of Operator						
EOG Resources Inc.				9. API Well No.		
3a. Address	•	!	3b. Phone No. (include area code)		30-025-32577	
P.O. Box 2267 Midland, Texas 79702 432 686 3689 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Pool, or Exploratory Area Bone Spring	
· -				REG HILLS	, note spring	
991' FWL & 988 FSL, Sec 7, T25S, R34E S/L				11. County or Parish, State		
BHL lat 32.1362868 long -103.5220731				Lea	NM	
12. CHECK APPROPRIATE		DICATE NATURE OF N	OTICE REPO			
			OF ACTION			
TYPE OF SUBMISSION		TYPE				
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation	on Well Integrity		
X Subsequent Report		H		-		
	Casing Repair	New Construction	X Recomplete		Other	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporaril	y Abandon		
_	Convert to Injecti	on Plug Back	Water Disp	osal page 1 of 2		
testing has been completed. Final Abandonment Metermined that the final site is ready for final inspect of following that the final site is ready for final inspect of final site is ready for fina	w/ 50' cement. window, top of w 11853. 805', cut new wi ner from 11618' ss H. ssi. co start complet	TOC @ 12120; rindow @ 11848;, bots ndow top @ 11805;, } to 15618;.	com 11857'.	ACCEPTE GARY	D FOR RECORD	
	S/60' CBL.		hame a		OM EN CONICER	
14. I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>)		Title				
Stan Wacmer		Regulat	ory Analyst	<u>: </u>		
The Wagan		Date 10/2/03				
THIS	S SPACE FOR FEL	DERAL OR STATE OFF	CE USE			
Approved by		Title		D	ate	
Conditions of approval, if any, are attached. Approval o certify that the applicant holds legal or equitable title to	those rights in the sub		<u>.</u>			
which would entitle the applicant to conduct operations the Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1001.	 	e for any person knowingly on	d willfully to me	ke to any depar	tment or agency of the United	
States any false, fictitious or fraudulent statements or rep			- minumy to IIIa	no to any ucpai	ment of agoney of the Office	