

|                                |   |                                      |
|--------------------------------|---|--------------------------------------|
| Well Name: CC TANK UNIT FD     | Well Location: T20S / R24E / SEC 8 / NWSE / | County or Parish/State: EDDY / NM    |
| Well Number: 4                 | Type of Well: CONVENTIONAL GAS WELL         | Allottee or Tribe Name:              |
| Lease Number: NMNM1361         | Unit or CA Name:                            | Unit or CA Number:                   |
| US Well Number: 300152020300X1 | Well Status: Abandoned                      | Operator: EOG RESOURCES INCORPORATED |

Subsequent Report

Sundry ID: 2732181

Type of Submission: Subsequent Report

Type of Action: Reclamation

Date Sundry Submitted: 05/23/2023

Time Sundry Submitted: 10:50

Date Operation Actually Began: 01/31/2023

**Actual Procedure:** P&A Reclamation and re-seeding was completed on 1/31/2023. Please see attached Surface Reclamation Complete Report. EOG will conduct annual monitoring beginning in 2024 and will submit a sundry advising of the status of reclamation success. Upon meeting BLM's success criteria, a Final Abandonment Notice will be submitted.

SR Attachments

Actual Procedure

CC\_TANK\_UNIT\_4\_CRR\_2023\_5\_23\_20230523105002.pdf

|                                |   |                                      |
|--------------------------------|---|--------------------------------------|
| Well Name: CC TANK UNIT FD     | Well Location: T20S / R24E / SEC 8 / NWSE / | County or Parish/State: EDDY / NM    |
| Well Number: 4                 | Type of Well: CONVENTIONAL GAS WELL         | Allottee or Tribe Name:              |
| Lease Number: NMNM1361         | Unit or CA Name:                            | Unit or CA Number:                   |
| US Well Number: 300152020300X1 | Well Status: Abandoned                      | Operator: EOG RESOURCES INCORPORATED |

Operator

I certify that the foregoing is true and correct. 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. Electronic submission of Sundry Notices through this system satisfies regulations requiring a

Operator Electronic Signature: TINA HUERTA  
Signed on: MAY 23, 2023 10:50 AM  
Name: EOG RESOURCES INCORPORATED  
Title: Regulatory Specialist  
Street Address: 104 SOUTH FOURTH STREET  
City: Artesia State: NM  
Phone: (575) 748-4168  
Email address: tina\_huerta@eogresources.com

Field

Representative Name:  
Street Address:  
City: State: Zip:  
Phone:  
Email address:

BLM Point of Contact

BLM POC Name: DEBORAH L MCKINNEY  
BLM POC Title: Legal Instruments Examiner  
BLM POC Phone: 5752345931  
BLM POC Email Address: dmckinne@blm.gov  
Disposition: Accepted  
Disposition Date: 06/06/2023  
Signature: Deborah McKinney



## Surface Reclamation Complete Report

**Well Name:** CC TANK UNIT #004

**API:** 30-015-20203

**Well Location:** J-08-20S-24E

**Surface Owner:** BLM

**Reclamation Complete Date:** 1/31/23

**Total Acres reclaimed:** 1.50 acres

**Seed Mix:**

| Mix                      | Species             | lb/acre (Drilled) | lb/acre (Broadcast) |
|--------------------------|---------------------|-------------------|---------------------|
| BLM #1 (For Loamy Soils) | Plains lovegrass    | 1.0               | 2.0                 |
| "                        | Sand dropseed       | 2.0               | 4.0                 |
| "                        | Sideoats grama      | 10.0              | 20.0                |
| "                        | Plains Bristlegrass | 4.0               | 8.0                 |

Weights should be as pounds of pure live seed.

Note:

EOG will conduct an annual surface reclamation monitoring field visit in 2024 to determine if successful vegetation regrowth is established.



| On-Site Regulatory Reclamation Inspection  |                                     |                                     |                                     |                                     |                                     |                                     | Date: <u>1 / 31 / 2023</u>          |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Site Name: <u>CC Tank Unit #004</u>  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| API Number: <u>30-0 15 - 20203</u>   |                                     | Plug Date: <u>2 / 23 / 22</u>       |                                     | Program: <u>Initial</u>             |                                     | Monitoring                          |                                     |                                     |
|  |                                     |                                     |                                     | <u>Final</u>                        |                                     | Corrective                          |                                     |                                     |
| Was this the last remaining or only well on the location?  |                                     |                                     |                                     |                                     |                                     |                                     | YES                                 | NO                                  |
| Are there any abandoned pipelines that are going to remain on the location?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there any production equipment or structure (not including steel marker, poured onsite concrete bases, or pipelines) that are going to remain on location?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| If any production equipment or structure (including 3rd party) is to remain on location, please specify. <u>3rd party gas riser &amp; Equipment</u>  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Additionally, unknown riser located on SW corner of pad.   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Site Evaluation</b>   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Recontoured back to original State/Topsoil Replaced  |                                     |                                     |                                     |                                     |                                     |                                     | YES                                 | NO                                  |
| Have the rat hole and cellar been filled and leveled?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have the cathodic protection holes been properly abandoned & reclaimed?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Rock or Caliche Surfacing materials have been removed?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Section Comments:  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>All Facilities Removed for Final Reclamation</b>  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Have all of the pipelines & production equipment been cleared? (other than the listed above)   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Has all of the required junk and trash been cleared from the location?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all of the required anchors, dead men, tie downs and risers have been cut off at least two feet below ground level?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all of the required metal bolts and other materials have been removed?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all the required portable bases been removed?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Section Comments:  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Dry Hole Marker</b>   |                                     |                                     |                                     |                                     |                                     |                                     | YES                                 | NO                                  |
| Has a steel marker been installed per COA requirements?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Check One: <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Above Ground  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| DHM Info   | Operator Name                       | Lease Name & Number                 | UL-S-T-R                            | Qtr Section (Footage)               | API #                               | Federal Lease # (Federal Only)      |                                     |                                     |
| <u>Met</u>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |
| <u>Not Met</u>   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Free of Oil or Salt Contaminated Soil</b>   |                                     |                                     |                                     |                                     |                                     |                                     | YES                                 | NO                                  |
| Have all the required pits been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all other environmental concerns been addressed as per OCD rules?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| If any environmental concerns remain on the location, please specify. <u>No discernable drilling pit located and all areas outside of wellpad have established vegetation.</u>   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Abandoned Pipelines</b>   |                                     |                                     |                                     |                                     |                                     |                                     | YES                                 | NO                                  |
| Only need to provide answers in this group, if any pipelines have been abandoned (in accordance with 19. 15. 35. 10 NM4C).   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Have all fluids have been removed from any abandoned pipelines?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all abandoned pipelines been confirmed to <u>NQT</u> contain additional regulated NORM, other than that which accumulated under normal operation?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all accessible points of abandoned pipelines been permanently capped?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Section Comments:  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Last Remaining or Only Well on the Location</b>   |                                     |                                     |                                     |                                     |                                     |                                     | YES                                 | NO                                  |
| Please answer all questions that apply in this group, specifically if there is no longer going to be any well or facility remaining at this location.  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Have all electrical service poles and lines been removed from the location?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there any electrical utility distribution infrastructure that is remaining on the location?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have all the retrievable pipelines, production equipment been removed from the location?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Has all the junk and trash been removed from the location?   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Section Comments:  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>(Environmental Only: Do not have to be met to pass inspection)</b>  |                                     |                                     |                                     |                                     |                                     |                                     | Met                                 | Not Met                             |
| This section corresponds with questions on the Reclamation Inspection Form in (Environmental but not related to NMOC) forms.   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Free of Noxious or Invasive Weeds? (Note species or treatment in remarks)  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Site Stability? Erosion controls in place (if necessary) & working.  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Signs of seedling completion? (Broadcast/Drilled)  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Revegetation Success as compared to background? Met >75%. Circle One: <u>0%</u> 25% 50% 75% 100%   |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Adequate Reclamation Fence Installed?  |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Section Comments:  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Additional Findings or Comments: <u>Inspection sweep completed; all trash/junk removed.</u>  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Inspector: <u>B.MADRID</u>   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Picture Checklist: <input checked="" type="checkbox"/> DHM <input checked="" type="checkbox"/> Background <input checked="" type="checkbox"/> 3rd Party Equipment <input checked="" type="checkbox"/> Contamination <input type="checkbox"/> _____ |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <input checked="" type="checkbox"/> Site Corners <input checked="" type="checkbox"/> Access Road <input type="checkbox"/> BOG Equipment <input checked="" type="checkbox"/> Trash/Junk <input type="checkbox"/> _____                              |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| READY FOR TAN SUBMITTAL  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| NEEDS FURTHER REVIEW   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Inspection Result  |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <input checked="" type="radio"/> PASS <input type="radio"/> FAIL   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |

On-Site\_Inspection\_Form v1.xlsx

10/20/2022

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 225517

CONDITIONS

|  |  |
|--|--|
| Operator:<br>EOG RESOURCES INC<br>P.O. Box 2267<br>Midland, TX 79702 | OGRID:<br>7377                                       |
|  | Action Number:<br>225517                             |
|  | Action Type:<br>[C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

|            |                     |                |
|------------|---------------------|----------------|
| Created By | Condition           | Condition Date |
| dmccclure  | ACCEPTED FOR RECORD | 11/7/2023      |