	UNITED STATES	NTERIOR	HOBBS	S OCD	OMB NO	APPROVED D. 1004-0137 nuary 31, 2018	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS MAY 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. NMNM122621		
					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
 Type of Well ☑ Oil Well □ Gas Well □ Other 					8. Well Name and No. WHIRLING WIND 11 FED COM 702H		
2. Name of Operator Contact: KAY MADDOX EOG RESOURCES INCORPORATEDE-Mail: Kay_Maddox@EOGRESOURCES.com					 API Well No. 30-025-42934 		
3a. Address PO BOX 2267 MIDLAND, TX 79702	. (include area code) 6-3658		10. Field and Pool or Exploratory Area WC-025-S253336D;UP WOL				
4. Location of Well (Footage, Sec., 7	11. County or Parish, S			State			
Sec 11 T26S R33E 9FSL 583		LEA COUNTY, NM					
12. CHECK THE A	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
□ Notice of Intent	Notice of Intent		Deepen		ion (Start/Resume)	U Water Shut-Off	
Subsequent Report	□ Alter Casing		raulic Fracturing	Reclamation		U Well Integrity	
	Casing Repair			Recomp		🛛 Other	
Final Abandonment Notice	Change Plans	□ Plug and Abandon			Temporarily Abandon		
13. Describe Proposed or Completed Op	Convert to Injection	D Plug		U Water I			
following completion of the involved testing has been completed. Final Al determined that the site is ready for f 02/15/2017 DATE OF FIRST 04/22/2017 MIRU - RAN 2 7/8 TO PRODUCTION	bandonment Notices must be fil- final inspection. PRODUCTION	ed only after all	requirements, includ		n, have been completed a	nd the operator has	
		× .					
	2						
14. I hereby certify that the foregoing is	Electronic Submission #3	374490 verifie IRCES INCOR	d by the BLM Wel PORATED, sent t	I Information the Hobbs	n System		
Name (Printed/Typed) XAY MADDOX			Title REGULATORY ANALYST				
Signature (Electronic Submission)			Date 05/01/2017				
,	THIS SPACE FO	DR FEDERA	L OR STATE	OFFICE U	SE		
_Approved By			Title Accepted for Record Only				
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent which would entitle the applicant to condu-	Office						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent				willfully to ma	ake to any department or a	agency of the United	
(Instructions on page 2) ** OPERA	TOR-SUBMITTED ** O	PERATOR-	SUBMITTED **	* OPERAT	OR-SUBMITTED	**	