

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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.*

**NMOCD  
Hobbs**

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

5. Lease Serial No. NMNM113420
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. PISTOLERO 15 FED COM 707H
9. API Well No. 30-025-44327
10. Field and Pool or Exploratory Area WC-025 S253402N UPPER WC
11. County or Parish, State LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator EOG RESOURCES, INC. Contact: STAN WAGNER E-Mail: stan_wagner@eogresources.com
3a. Address ATTN: STAN WAGNER P.O. BOX 2267 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-686-3689
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 15 T25S R34E Mer NMP NENW 876FNL 2398FWL	

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Hydraulic Fracturing <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<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"/> Change to Original APD
	<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 recompleat 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 recompleat 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.

EOG Resources requests an amendment to our approved APD for this well to reflect a change in the well name.

The correct well name is Pistolero 15 Fed 707H.

**HOBBS**

**MAR 22 2018**

**RECEIVED**

*one lease - no CA was needed*

14. I hereby certify that the foregoing is true and correct. Electronic Submission #407459 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 03/13/2018 ( )	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 03/12/2018
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
<b>APPROVED</b>	
<b>MAR 27 2018</b>	
<b>BUREAU OF LAND MANAGEMENT</b>	
<b>CARLSBAD FIELD OFFICE</b>	
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 \*\***



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 Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources  
Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

FORM C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025- <b>44327</b>	<sup>2</sup> Pool Code 98116	<sup>3</sup> Pool Name WC-025 G-09 S253402N; Wolfcamp
<sup>4</sup> Property Code	<sup>5</sup> Property Name <b>PISTOLERO 15 FED</b>	<sup>6</sup> Well Number <b>#707H</b>
<sup>7</sup> OGRID No. 7377	<sup>8</sup> Operator Name <b>EOG RESOURCES, INC.</b>	<sup>9</sup> Elevation <b>3333'</b>

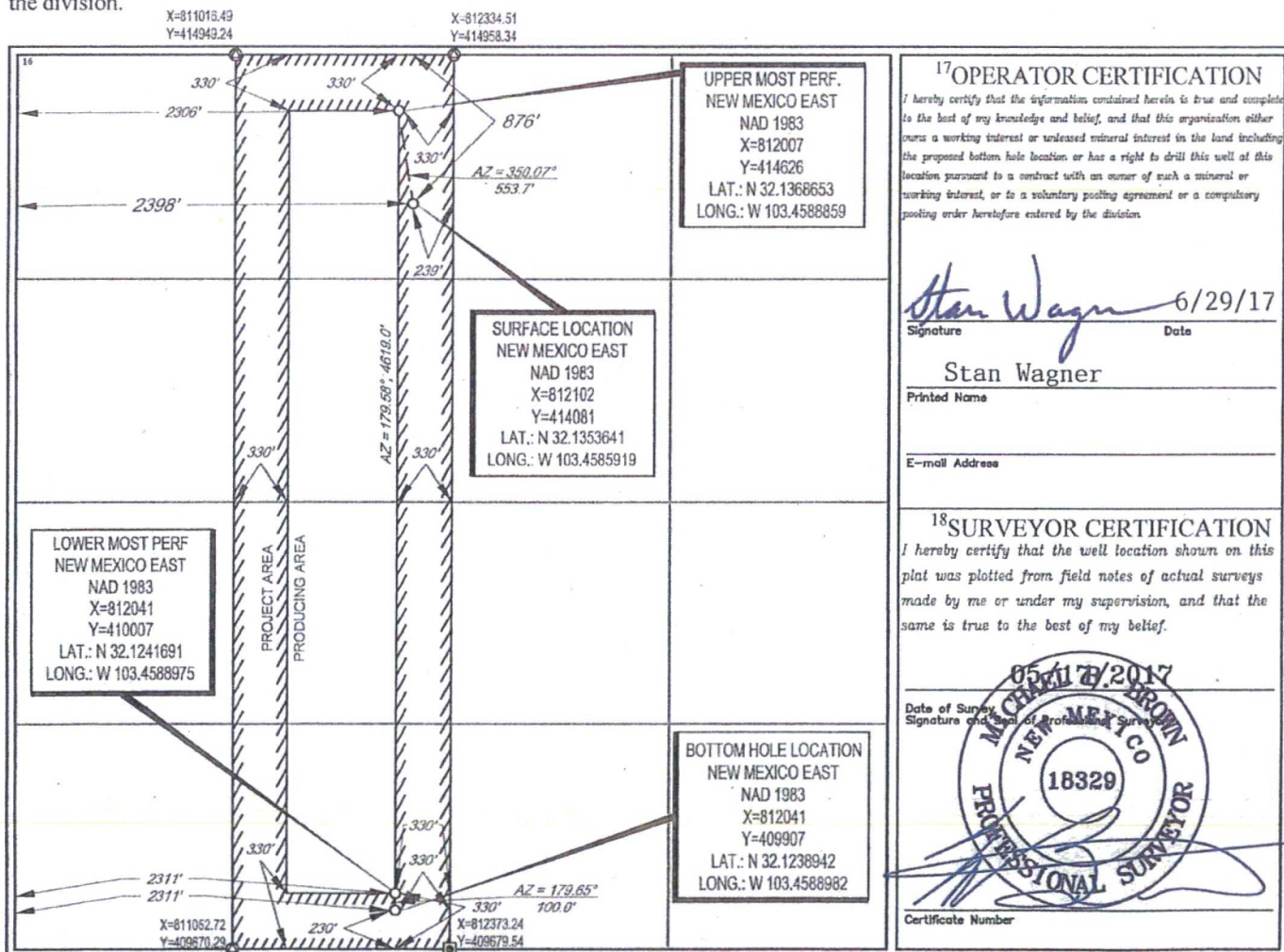
<sup>10</sup>Surface Location

UL or lot no. <b>C</b>	Section <b>15</b>	Township <b>25-S</b>	Range <b>34-E</b>	Lot Idn <b>-</b>	Feet from the <b>876'</b>	North/South line <b>NORTH</b>	Feet from the <b>2398'</b>	East/West line <b>WEST</b>	County <b>LEA</b>
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UL or lot no. <b>N</b>	Section <b>15</b>	Township <b>25-S</b>	Range <b>34-E</b>	Lot Idn <b>-</b>	Feet from the <b>230'</b>	North/South line <b>SOUTH</b>	Feet from the <b>2311'</b>	East/West line <b>WEST</b>	County <b>LEA</b>
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<sup>12</sup> Dedicated Acres <b>160.00</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



<sup>17</sup>OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unless mineral interest in the land including the proposed bottom hole location, or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Stan Wagner* 6/29/17  
Signature Date

Stan Wagner

Printed Name

E-mail Address

<sup>18</sup>SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true to the best of my belief.

05/17/2017  
Date of Survey  
Signature and Seal of Professional Surveyor  
**18329**  
Certificate Number