Date:

07/25/2018

Phone: 432-686-3658

| ., • • •                                       |                               |                |                   |                      |                    |                          |                                                                                                                                 |                  |                           | ~(                   | Q:               |                             |  |  |
|------------------------------------------------|-------------------------------|----------------|-------------------|----------------------|--------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|----------------------|------------------|-----------------------------|--|--|
| District I                                     | ٠.                            |                |                   | E                    | . 1                | State of New             | v Mexico                                                                                                                        |                  | aB                        | э <sup>О-</sup>      | _                | Form C-104                  |  |  |
| 1625 N. French D                               |                               |                |                   | E1                   | nergy, r           | Minerals & N             | Natural Res                                                                                                                     | sourc            | es HOP.                   | 973                  | 118              | Revised August 1, 2011      |  |  |
| District II811 S. I                            |                               |                |                   | .10                  | 2.                 | .•                       | • • •                                                                                                                           | JUL A EINED      |                           |                      |                  |                             |  |  |
| <u>District III</u> 1000 F                     | Rio Brazo                     | os Rd., A      | ztec, NN          | √1 87410             | Ou                 | Conservation             | on Division                                                                                                                     | n                | Submit on                 | FOR                  | to appro         | opriate District Office     |  |  |
| District IV                                    | · ¬- 0                        | T <sub>o</sub> | ~ 1 075           | -                    | 122                | 20 South St.             | Natural Resources Notes of the August 1, 2011  On Division  Submit one of the appropriate District Office  Francis Dr.  M 87505 |                  |                           |                      |                  |                             |  |  |
| 1220 S. St. Franc                              | cis Dr., Sa<br><b>I.</b>      |                |                   | 05<br>F <b>ST FC</b> | D ALL              | Santa Fe, NN<br>LOWABLE  | M 87303                                                                                                                         | тно              | DI7ATIO                   | N TO                 | TDAN             | ICDADT                      |  |  |
| <sup>1</sup> Operator na                       |                               |                |                   | <u> </u>             | N ALL              | 10 M WATE                | AND AU                                                                                                                          |                  | <sup>2</sup> OGRID Num    |                      | l IXA            | SPURI                       |  |  |
| EOG RESOU                                      |                               |                | -                 |                      |                    |                          |                                                                                                                                 |                  |                           | _                    | 7377             | ,                           |  |  |
| PO BOX 226                                     |                               |                |                   |                      |                    |                          |                                                                                                                                 |                  | <sup>3</sup> Reason for F |                      | de/ Effec        |                             |  |  |
| MIDLAND, 1                                     |                               | 02             | 5 Pool            | Name                 |                    |                          | - no 17                                                                                                                         |                  | 0//1                      | 12/2018<br>6 Pe      | ool Code         |                             |  |  |
| 30 – 025-43                                    |                               |                | ` <b></b>         | Name                 | BOBCA <sup>-</sup> | لم)<br>T DRAW; WC        | OLFCAMP                                                                                                                         |                  |                           |                      | 980              |                             |  |  |
| <sup>7</sup> Property Co                       |                               |                | <del></del>       |                      |                    | 0 FEDERA                 |                                                                                                                                 |                  |                           | 9 N                  | Vell Numb        | ber                         |  |  |
| 318097                                         |                               |                | <u> </u>          |                      | <u> </u>           | U I LL/LIV               | 1L CO                                                                                                                           |                  |                           |                      | -                | 703H                        |  |  |
|                                                | II.                           |                |                   | e Locatio            |                    |                          |                                                                                                                                 |                  |                           |                      |                  |                             |  |  |
| Ul or lot no.                                  | Sectio<br>30                  | on Tow<br>25S  | vnship            | Range<br>34E         | Lot Idn            | 1 1                      | North/South                                                                                                                     |                  | Feet from the 1048'       | e East/<br>EAST      |                  | ne County<br>LEA            |  |  |
| 11 R                                           |                               | Hole Lo        |                   |                      | <u> </u>           | 2190                     | SOUTH                                                                                                                           |                  | 1048                      | EAJI                 |                  | LEA                         |  |  |
|                                                |                               | on Tow         |                   | Range                | Lot Idn            | Feet from the            | North/Sout                                                                                                                      | h                | Feet from the             | e East/              | /West lin        | ne County                   |  |  |
| P                                              | 31                            | 258            |                   | 34E                  | '                  | 261'                     | SOUTH                                                                                                                           |                  | 964'                      | EAST                 |                  | LEA                         |  |  |
| 12 Lse Code                                    | 13 [                          | <u> </u>       | - 1               |                      | L<br>Gas           | <sup>15</sup> C-129 Perr | mit Number                                                                                                                      | <sup>16</sup> C. | -129 Effective            | Date                 | 17 C-            | 129 Expiration Date         |  |  |
| S                                              | S Method Code Connection      |                |                   |                      |                    |                          |                                                                                                                                 |                  |                           |                      |                  |                             |  |  |
|                                                | III. Oil and Gas Transporters |                |                   |                      |                    |                          |                                                                                                                                 |                  |                           |                      |                  |                             |  |  |
| <sup>18</sup> Transport                        |                               | - IIans        | spor cc           | 35                   |                    | <sup>19</sup> Transporte |                                                                                                                                 |                  |                           |                      |                  |                             |  |  |
| OGRID                                          | $\longrightarrow$             |                |                   |                      |                    | Addr                     | ress                                                                                                                            |                  |                           |                      |                  |                             |  |  |
| 372812<br>372812                               |                               |                |                   |                      |                    | EOGRM                    | Λ                                                                                                                               |                  |                           |                      |                  | OIL                         |  |  |
| 151618                                         |                               |                |                   |                      |                    |                          |                                                                                                                                 |                  |                           |                      |                  | GAS                         |  |  |
|                                                |                               |                |                   |                      | . EN7              | TERPRISE FIEL            | _D SERVICES                                                                                                                     | ;<br>            |                           |                      | 3                |                             |  |  |
| 298751                                         |                               |                |                   |                      | REG                | SENCY FIELD S            | SERVICES, LI                                                                                                                    | LC               |                           |                      |                  | GAS                         |  |  |
|                                                |                               |                |                   |                      |                    | 20244100                 |                                                                                                                                 |                  |                           |                      | 5                |                             |  |  |
| 36785                                          | - 15 A                        |                |                   |                      |                    | DCP MIDS                 | TREAM                                                                                                                           |                  |                           |                      |                  | GAS                         |  |  |
| IV.                                            |                               | /ell Co        | <br>mpleti        | ion Data             |                    |                          |                                                                                                                                 |                  |                           |                      |                  |                             |  |  |
| <sup>21</sup> Spud Dat                         | ite                           |                | Ready D           | Date                 |                    | <sup>23</sup> TD         | <sup>24</sup> PBTD                                                                                                              |                  | <sup>25</sup> Perfora     |                      | T                | <sup>26</sup> DHC, MC       |  |  |
| 03/05/201                                      |                               |                | 07/12,            |                      |                    | 20,005'                  | 19,845                                                                                                                          |                  | 12,835-19                 | 9,845′               | <u></u>          |                             |  |  |
| <sup>27</sup> Hc                               | ole Size                      |                | <u> </u>          | <sup>28</sup> Casing | g & Tubin          | g Size                   | <sup>29</sup> De                                                                                                                | epth Se          | ı <b>t</b>                |                      | <sup>30</sup> Sa | cks Cement                  |  |  |
| 17                                             | 7 1/2"                        |                |                   |                      | 13 3/8"            |                          | 10                                                                                                                              | .022′            |                           |                      | 950 S            | SXS CL C/CIRC               |  |  |
| 12                                             | 2 1/4"                        |                |                   |                      | 9 5/8"             |                          | 5149′                                                                                                                           |                  |                           | 1620 SXS CL C/SURF   |                  |                             |  |  |
| 8                                              | 3/4"                          |                |                   |                      | 7 5/8"             |                          | 11.                                                                                                                             | ,903'            |                           | 835 SXS CL C& H/ETOC |                  |                             |  |  |
|                                                | ·                             |                |                   |                      |                    |                          |                                                                                                                                 |                  |                           | 4653'                |                  |                             |  |  |
| V. Well                                        | 5 ¾"<br>  Test [              | Oata           |                   |                      | 5 ½"               |                          | 13,                                                                                                                             | <u>,976'</u>     |                           |                      | /50 C            | L H TOC 6450'CBL            |  |  |
| 31 Date New                                    |                               |                | - Delive          | ery Date             | 33 7               | Test Date                | <sup>34</sup> Test                                                                                                              | Lengt            | h 35 T                    | bg. Pres             | ssure            | <sup>36</sup> Csg. Pressure |  |  |
| 07/12/2018                                     |                               |                | 7/12/2            |                      | ł                  | /23/2018                 |                                                                                                                                 | 24               |                           | -0                   |                  | 1782                        |  |  |
| <sup>37</sup> Choke Si                         | ize                           |                | <sup>38</sup> Oil | i                    | 35                 | <sup>9</sup> Water       | 40 (                                                                                                                            | Gas              |                           |                      | _                | <sup>41</sup> Test Method   |  |  |
| 44                                             |                               |                | 4066              |                      |                    | 7597                     |                                                                                                                                 | 988              |                           |                      |                  |                             |  |  |
| <sup>42</sup> I hereby cer                     |                               |                |                   |                      |                    |                          |                                                                                                                                 |                  | OIL CONSE                 | RVATIO               | N DIVISIO        | )N                          |  |  |
| been complied<br>complete to th                | d with a                      | and that       | the info          | ormation g           | given abov         |                          |                                                                                                                                 |                  |                           |                      |                  |                             |  |  |
| Signature:                                     | V.                            | Of the         | MOWIEW,           | ge and Sc.           | ilei.              | ,                        | Approved by:                                                                                                                    | 1/               | 1                         | . 1                  |                  |                             |  |  |
| 1                                              | m                             | <u> </u>       | da                | <u> </u>             |                    |                          |                                                                                                                                 | <b>2</b> %       | ren ?                     | Kar                  | n                |                             |  |  |
| Printed name:<br>Kay Maddox                    | •                             | V              | •                 |                      |                    | ,                        | Title:                                                                                                                          | Ar               | in ma                     | /-                   | ′                |                             |  |  |
| Title:                                         |                               |                |                   |                      |                    | <del></del>              | Approval Date:                                                                                                                  |                  |                           |                      |                  |                             |  |  |
| Regulatory An                                  |                               |                |                   |                      |                    |                          | 7-27-18                                                                                                                         |                  |                           |                      |                  |                             |  |  |
| E-mail Address:<br>Kay Maddox@eogresources.com |                               |                |                   |                      |                    |                          | I                                                                                                                               |                  |                           |                      |                  |                             |  |  |

Documents pending BLM approvals will

subsequently be reviewed and scanned

| ١ |   | IMIMIMIM  | 112219                 |
|---|---|-----------|------------------------|
| 1 | 6 | If Indian | Allottee or Tribe Name |

| Form 3160-5 • (June 2015)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UNITED STATES EPARTMENT OF THE I UREAU OF LAND MANA NOTICES AND REPO Is form for proposals to III. Use form 3160-3 (API                                                                                                            | S                                                                             | ~ O                                                                                  | ا گر                                                           |                                                                                                             | ( APPROVED<br>NO. 1004-0137                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| DE<br>B<br>SUNDRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1018                                                                                                                                                                                                                               | Expires: January 31, 2018 5. Lease Serial No.                                 |                                                                                      |                                                                |                                                                                                             |                                                                              |  |
| Do not use the<br>abandoned we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | is form for proposals to<br>II.  Use form 3160-3 (AP                                                                                                                                                                               | drill or to re<br>D) for such p                                               | Penter an Poroposals.                                                                | ENER                                                           | 6. If Indian, Allottee                                                                                      | or Tribe Name                                                                |  |
| SUBMIT IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UNITED STATES EPARTMENT OF THE I UREAU OF LAND MANA NOTICES AND REPO is form for proposals to II. Use form 3160-3 (AP TRIPLICATE - Other inst                                                                                      | tructions on                                                                  | page 2 RE                                                                            | <b>Y</b>                                                       | 7. If Unit or CA/Agre                                                                                       | eement, Name and/or No.                                                      |  |
| Type of Well     ☐ Gas Well ☐ Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                  |                                                                               |                                                                                      |                                                                | 8. Well Name and No<br>FOX FEDERAL                                                                          | СОМ 703H                                                                     |  |
| 2. Name of Operator<br>EOG RESOURCES, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Contact:<br>E-Mail: kay_madd                                                                                                                                                                                                       | KAY MADDU                                                                     | <b>1</b> X                                                                           |                                                                | 9. API Well No.<br>30-025-43873                                                                             |                                                                              |  |
| 3a. Address<br>PO BOX 2267 ATTENTION; MIDLAND, TX 79702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (AY MADDOX                                                                                                                                                                                                                         | 3b. Phone No<br>Ph: 432-68                                                    | . (include area code)<br>6-3658                                                      |                                                                | 10. Field and Pool or Exploratory Area<br>BOBCAT DRAW; UPPER WOLFCAM                                        |                                                                              |  |
| 4. Location of Well (Footage, Sec., T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ., R., M., or Survey Description                                                                                                                                                                                                   | )                                                                             |                                                                                      |                                                                | 11. County or Parish,                                                                                       | State                                                                        |  |
| Sec 30 T25S R34E Mer NMP<br>32.100259 N Lat, 103.503868                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                    | L                                                                             |                                                                                      |                                                                | LEA COUNTY, NM                                                                                              |                                                                              |  |
| 12. CHECK THE AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPROPRIATE BOX(ES)                                                                                                                                                                                                                 | TO INDICA                                                                     | TE NATURE O                                                                          | F NOTICE,                                                      | REPORT, OR OT                                                                                               | HER DATA                                                                     |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                                               | ТҮРЕ О                                                                               | ACTION                                                         |                                                                                                             |                                                                              |  |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ Acidize                                                                                                                                                                                                                          | ☐ Dee                                                                         | pen                                                                                  | ☐ Producti                                                     | on (Start/Resume)                                                                                           | ☐ Water Shut-Off                                                             |  |
| ☑ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Alter Casing                                                                                                                                                                                                                     | - •                                                                           | raulic Fracturing                                                                    | □ Reclama                                                      |                                                                                                             | ■ Well Integrity                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Casing Repair                                                                                                                                                                                                                      | _                                                                             | Construction                                                                         | Recomp                                                         |                                                                                                             | ☑ Other Production Start-up                                                  |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Change Plans☐ Convert to Injection                                                                                                                                                                                               | ☐ Plug<br>☐ Plug                                                              | and Abandon  Back                                                                    | ☐ Tempora                                                      | arily Abandon<br>pisposal                                                                                   |                                                                              |  |
| 13. Describe Proposed or Completed Opt If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for following completed and the site is ready for following the  | ally or recomplete horizontally, it will be performed or provide operations. If the operation revandonment Notices must be filmal inspection.  RAC, TEST VOID 5000 FRAC TEST & FRAC 12,835 OAD FLUID UGS AND CLEAN OUT TO FLOWBACK | give subsurface<br>the Bond No. or<br>sults in a multipl<br>ed only after all | locations and measurable file with BLM/BIA e completion or recordequirements, includ | red and true ve . Required sub mpletion in a n ing reclamation | rtical depths of all perti<br>sequent reports must be<br>lew interval, a Form 31,<br>1, have been completed | nent markers and zones.<br>e filed within 30 days<br>60-4 must be filed once |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Electronic Submission #-                                                                                                                                                                                                           |                                                                               | by the BLM Wel                                                                       |                                                                | System                                                                                                      |                                                                              |  |
| Name (Printed/Typed) KAY MAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DOX                                                                                                                                                                                                                                |                                                                               | Title REGUL                                                                          | ATORY SPE                                                      | ECIALIST                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                        |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Submission)                                                                                                                                                                                                                        |                                                                               | Date 07/24/20                                                                        |                                                                |                                                                                                             |                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FO                                                                                                                                                                                                                      | R FEDERA                                                                      | L OR STATE                                                                           | OFFICE 116                                                     | . al M                                                                                                      | approvals will                                                               |  |
| Approved By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                               | Title                                                                                | Docume                                                         | nts pending BLM<br>ently be reviewe                                                                         | ed and scanned                                                               |  |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant the applicant to conduct the applicant th | itable title to those rights in the                                                                                                                                                                                                | not warrant or<br>subject lease                                               | Office                                                                               | 2003cd.                                                        |                                                                                                             |                                                                              |  |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and will States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

## **Bureau of Land Management**

### **Hobbs Field Office**

414 W. Taylor

Hobbs, New Mexico

505.393.3612

#### WATER PRODUCTION & DISPOSAL INFORMATION

Well: FOX 30 FEDERAL COM # 703H NESE Sec 30 T25S, R34E 30-025-43873

- 1. Name of formations producing water on lease: WOLFCAMP
- 2. Amount of water produced from all formations in barrels per day 6000-8000 BWPD
- 3. How water is stored on lease Tanks 4-400 bbl tanks
- 4. How water is moved to disposal facility Pipeline/Trucked
- 5. Disposal Facility:
  - a. Facility Operators name **EOG RESOURCES, INC**
  - b. Name of facility or well name & number

Black Bear 36 State #5

30-025-40585

H-36-25S-33E

Permit no 1359

Dragon 36 State SWD #11

30-025-41615

C-36-24S-33E

Permit no 1486

c. Type of facility or wells WDW

Form 3160-4 (August 2007)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

HOBBS OUL JUL 27 2018 AND LARECEIVED

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

|                                                                                                                                                                      | WELL (                                                                                                                                               | COMPL             | ETION C            | OR REC      | OMPL        | ETION                  | I REPO              | RT A                     | AND LO                                | REC.           |                                                                           |                 | ease Serial I<br>IMNM1122           |           |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|-------------|-------------|------------------------|---------------------|--------------------------|---------------------------------------|----------------|---------------------------------------------------------------------------|-----------------|-------------------------------------|-----------|-------------------------------------------------------------|
| la. Type o                                                                                                                                                           | f Well 🛛                                                                                                                                             | Oil Well          | ☐ Gas              | Well [      | <b>D</b> ry | Oth                    | er                  |                          |                                       |                |                                                                           | 6. If           | Indian, All                         | ottee or  | Tribe Name                                                  |
| b. Type o                                                                                                                                                            | f Completion                                                                                                                                         | _                 | lew Well<br>er     | □ Work      | Over        | ☐ Deep                 | oen 🗆               | Plug                     | Back [                                | Diff. R        | esvr.                                                                     | 7. U            | nit or CA A                         | greeme    | nt Name and No.                                             |
| Name of Operator Contact: KAY MADDOX     EOG RESOURCES INC E-Mail: KAY_MADDOX@EOGRESOURCES.COM                                                                       |                                                                                                                                                      |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           | ase Name a      |                                     |           |                                                             |
| 3. Address                                                                                                                                                           | 3. Address PO BOX 2267 MIDLAND, TX 79702 3a. Phone No. (include area code) Ph. 432-686-3658 9. API Well No. 30-025-43873                             |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
| 4. Location                                                                                                                                                          | 4. Location of Well (Report location clearly and in accordance with Federal requirements)*  10. Field and Pool, or Exploratory BOBCAT DRAW; WOLFCAMP |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 | xploratory                          |           |                                                             |
|                                                                                                                                                                      | At surface NESE 2190FSL 1048FEL 32.100260 N Lat, 103.503868 W Lon 11. Sec., T., R., M., or Block and Survey                                          |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
| At top p                                                                                                                                                             | At top prod interval reported below NESE 2139F3L 942FEL 32.100117 N Lat, 103.503526 W Lott  12. County or Parish  13. State                          |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
| At total depth SESE 261FSL 964FEL 32.080446 N Lat, 103.503584 W Lon LEA NM                                                                                           |                                                                                                                                                      |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
| 14. Date Spudded 03/05/2018 15. Date T.D. Reached 04/26/2018 16. Date Completed 17. Elevations (DF, KB, RT, GL)* 3323 GL 07/12/2018 17. Elevations (DF, KB, RT, GL)* |                                                                                                                                                      |                   |                    |             |             |                        |                     |                          |                                       |                | , RT, GL)*                                                                |                 |                                     |           |                                                             |
| 18. Total D                                                                                                                                                          | epth:                                                                                                                                                | MD<br>TVD         | 2000<br>1265       |             | ). Plug E   | Back T.D               | o.: MI<br>TV        |                          | 1984<br>1265                          |                | 20. Dep                                                                   | th Bri          | dge Plug Se                         |           | AD<br>VD                                                    |
| 21. Type E<br>NONE                                                                                                                                                   | lectric & Oth                                                                                                                                        | er Mecha          | nical Logs R       | un (Submit  | copy of     | each)                  |                     |                          | 2:                                    | Was I          | vell cored<br>OST run?<br>tional Sur                                      |                 | <b>⊠</b> No i                       | Yes       | (Submit analysis)<br>(Submit analysis)<br>(Submit analysis) |
| 23. Casing ar                                                                                                                                                        | nd Liner Reco                                                                                                                                        | ord (Repo         | rt all strings     | set in well | )           |                        |                     |                          |                                       |                |                                                                           |                 | ,                                   |           |                                                             |
| Hole Size                                                                                                                                                            | Size/G                                                                                                                                               | rade              | Wt. (#/ft.)        | Top<br>(MD) |             | tom S<br>ID)           | stage Ceme<br>Depth | enter                    | 1                                     |                | Slurry<br>(BB                                                             |                 | cement Top*                         |           | Amount Pulled                                               |
| 17.500                                                                                                                                                               |                                                                                                                                                      | 375 J-55          | 54.5               |             | 0           | 1022                   | <del></del> .       |                          |                                       | 950            | <u> </u>                                                                  |                 | 0                                   |           |                                                             |
| 12.250                                                                                                                                                               |                                                                                                                                                      | 325 J-55          | 40.0               |             | 0           | 5149                   |                     | -+                       | 1620                                  |                | <del> </del>                                                              |                 |                                     | 0         |                                                             |
| 8.750<br>6.750                                                                                                                                                       | <del>}</del>                                                                                                                                         | ICP-110<br>CP-110 | 29.7<br>20.0       |             |             | 1 <u>1903</u><br>19976 |                     | 835<br>750               |                                       |                |                                                                           |                 | 4653<br>6450                        |           |                                                             |
| 0.750                                                                                                                                                                | 3.300 E                                                                                                                                              | CF-110            | 20.0               |             | <u> </u>    | 19970                  |                     |                          | · · · · · · · · · · · · · · · · · · · | 750            | <b></b>                                                                   |                 |                                     | 0430      |                                                             |
|                                                                                                                                                                      |                                                                                                                                                      |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
| 24. Tubing                                                                                                                                                           | Record                                                                                                                                               |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           | <b></b>         |                                     |           |                                                             |
| Size                                                                                                                                                                 | Depth Set (N                                                                                                                                         | (D) P             | acker Depth        | (MD)        | Size        | Depth S                | Set (MD)            | Pa                       | cker Depth                            | (MD)           | Size                                                                      | De              | pth Set (MI                         | D) I      | Packer Depth (MD)                                           |
| 25. Produci                                                                                                                                                          | ng Intervals                                                                                                                                         |                   |                    |             |             | 26 P                   | erforation I        | Recor                    | d                                     |                |                                                                           | <u> </u>        |                                     |           |                                                             |
|                                                                                                                                                                      | ormation                                                                                                                                             |                   | Тор                | T i         | Bottom      | 120.11                 |                     |                          |                                       |                | Size                                                                      | ٦,              | lo. Holes                           | _         | Perf. Status                                                |
| A)                                                                                                                                                                   | WOLFC                                                                                                                                                | AMP               |                    | 2835        | 1984        | 5                      | · ·····             |                          |                                       | 3.13           |                                                                           |                 | OPEN                                | PRODUCING |                                                             |
| В)                                                                                                                                                                   |                                                                                                                                                      |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
| C)                                                                                                                                                                   | ,                                                                                                                                                    |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
| D)                                                                                                                                                                   |                                                                                                                                                      |                   |                    |             |             | <u> </u>               |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
|                                                                                                                                                                      | acture, Treat                                                                                                                                        | -                 | nent Squeeze       | e, Etc.     |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
|                                                                                                                                                                      | Depth Interva                                                                                                                                        | 5 TO 198          | AE EDAC V          | V/17 606 7/ | 4 I BS DI   | DODANI                 | T-207 282           |                          | ount and T                            |                | aterial                                                                   |                 |                                     |           |                                                             |
|                                                                                                                                                                      | 1200                                                                                                                                                 | 5 10 190          | 3431110101         | 1717,000,77 | 7 100 1 1   | TOI I AIT              | 11,201,202          | DDLO                     | LOADTEO                               |                |                                                                           |                 |                                     |           |                                                             |
| v. · ·                                                                                                                                                               |                                                                                                                                                      | -                 |                    | ··· · · · · |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
|                                                                                                                                                                      |                                                                                                                                                      |                   |                    |             |             |                        |                     |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |
|                                                                                                                                                                      | ion - Interval                                                                                                                                       |                   |                    | F           |             |                        |                     |                          |                                       |                |                                                                           |                 | · · · · · · · · · · · · · · · · · · |           |                                                             |
| Date First<br>Produced                                                                                                                                               | Test<br>Date                                                                                                                                         | Hours<br>Tested   | Test<br>Production | Oil<br>BBL  | Gas<br>MCF  | Wat<br>BBI             |                     | Oil Grav<br>Corr. Al     |                                       | Gas<br>Gravity |                                                                           | Producti        | on Method                           |           |                                                             |
| 07/12/2018                                                                                                                                                           | 07/23/2018                                                                                                                                           | 24                |                    | 4066.0      | 6988        |                        | 7597.0              |                          | 40.0                                  |                |                                                                           | FLOWS FROM WELL |                                     |           |                                                             |
| Choke<br>Size                                                                                                                                                        | Tbg. Press.<br>Flwg.                                                                                                                                 | Csg.<br>Press.    | 24 Hr.<br>Rate     | Oil<br>BBL  | Gas<br>MCF  | Wat<br>BBI             |                     | Gas:Oil<br>Ratio         |                                       | Well St        |                                                                           |                 |                                     |           |                                                             |
| 44                                                                                                                                                                   | SI                                                                                                                                                   | 1782.0            |                    |             |             |                        |                     |                          | 1719                                  | P              | U/v1                                                                      |                 | <b></b>                             |           | nrovals will                                                |
|                                                                                                                                                                      | tion - Interva                                                                                                                                       |                   |                    |             |             |                        |                     |                          |                                       | - 0            | ument                                                                     | s pe            | nding Bl                            | M 9b      | and scanned _                                               |
| Date First<br>Produced                                                                                                                                               | Test<br>Date                                                                                                                                         | Hours<br>Tested   | Test<br>Production | Oil<br>BBL  | Gas<br>MCF  | Wat<br>BBI             |                     | Oil Gravity<br>Corr. API |                                       |                | Documents pending BLM approvals will subsequently be reviewed and scanned |                 |                                     |           | and John                                                    |
| Choke<br>Size                                                                                                                                                        | Tbg. Press.<br>Flwg.<br>SI                                                                                                                           | Csg.<br>Press.    | 24 Hr.<br>Rate     | Oil<br>BBL  | Gas<br>MCF  | Wat<br>BBI             |                     | Gas:Oil<br>Ratio         |                                       |                |                                                                           |                 |                                     |           | -                                                           |
|                                                                                                                                                                      | l~.                                                                                                                                                  | ı                 |                    | I           | ı           |                        | 1                   |                          |                                       |                |                                                                           |                 |                                     |           |                                                             |

|                              | uction - Interv                                                                    |                                         | .,                                  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·   |                            | 1                                     |                        |                                              |                                       |                                                                 |  |  |  |
|------------------------------|------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------|----------------------------|---------------------------------------|------------------------|----------------------------------------------|---------------------------------------|-----------------------------------------------------------------|--|--|--|
| Date First<br>Produced       | Test<br>Date                                                                       | Hours<br>Tested                         | Test<br>Production                  | Oil<br>BBL                            | Gas<br>MCF                              | Water<br>BBL               | Oil Gravity<br>Corr. API              |                        | as<br>ravity                                 | Production Method                     |                                                                 |  |  |  |
| Choke<br>Size                | Tbg. Press.<br>Flwg.<br>SI                                                         | Csg.<br>Press.                          | 24 Hr.<br>Rate                      | Oil<br>BBL                            | Gas<br>MCF                              | Water<br>BBL               | Gas:Oil<br>Ratio                      | w                      | eli Status                                   | tatus .                               |                                                                 |  |  |  |
| 28c. Prod                    | uction - Interva                                                                   | il D                                    |                                     |                                       |                                         |                            |                                       |                        |                                              | · · · · · · · · · · · · · · · · · · · |                                                                 |  |  |  |
| Date First<br>Produced       | Test<br>Date                                                                       | Hours<br>Tested                         | Test<br>Production                  | Oil<br>BBL                            | Gas<br>MCF                              | Water<br>BBL               | Oil Gravity<br>Corr. API              |                        | as<br>ravity                                 | Production Method                     |                                                                 |  |  |  |
| Choke<br>Size                | Tbg. Press.<br>Flwg.<br>SI                                                         | Csg.<br>Press.                          | 24 Hr.<br>Rate                      | Oil<br>BBL                            | Gas<br>MCF                              | Water<br>BBL               | Gas:Oil<br>Ratio                      | W                      | ell Status                                   | Status                                |                                                                 |  |  |  |
| 29. Dispos                   | sition of Gas(S                                                                    | old, used                               | for fuel, vent                      | ed, etc.)                             |                                         |                            |                                       |                        |                                              | ·                                     |                                                                 |  |  |  |
|                              | ary of Porous                                                                      | Zones (Inc                              | clude Aquife                        | rs):                                  |                                         |                            | ·                                     |                        | 31. For                                      | mation (Log) Markers                  |                                                                 |  |  |  |
| tests, i                     | all important z<br>ncluding depti<br>coveries.                                     |                                         |                                     |                                       |                                         |                            | all drill-stem<br>I shut-in pressure  | s                      |                                              |                                       |                                                                 |  |  |  |
|                              | Formation                                                                          |                                         | Тор                                 | Bottom                                |                                         | Description                | ons, Contents, etc                    |                        |                                              | Name Top                              |                                                                 |  |  |  |
| 32. Additi<br>PLEA<br>9 5/8" | CANYON E SPRING SA E SPRING SA E SPRING SA MP  Onal remarks ( SE REFERE SE NOTE PO | include pl<br>AND<br>NCE ATT<br>OOL CHA | TÄČHMENT<br>NGE - BOB<br>ULATE - TO | S<br>CAT DRAV<br>OPPED OU             | BAF<br>BAF<br>OIL<br>OIL<br>OI 8<br>OIL | VIA BRAD                   | MP<br>DENHEAD W/42<br>@ 6450', DETE   |                        | T/S<br>B/S<br>BRI<br>1ST<br>2NI<br>3RI<br>WC |                                       | 940<br>1240<br>4950<br>7830<br>10315<br>10835<br>11895<br>12365 |  |  |  |
| 33. Circle                   | enclosed attac                                                                     | hments:                                 |                                     |                                       |                                         |                            |                                       |                        |                                              | ·                                     |                                                                 |  |  |  |
| 1. Ele                       | ctrical/Mechar                                                                     | nical Logs                              | •                                   | - /                                   |                                         | 2. Geologic<br>5. Core Ana | <del>-</del>                          |                        | <ol><li>DST Rep</li><li>Other:</li></ol>     | oort 4. Direction                     | nal Survey                                                      |  |  |  |
| 34. I herel                  | y certify that                                                                     | he forego                               | _                                   |                                       | _                                       |                            |                                       |                        |                                              | records (see attached instruction     | ons):                                                           |  |  |  |
|                              |                                                                                    |                                         | Electr                              |                                       |                                         |                            | d by the BLM W<br>S INC, sent to the  |                        |                                              | stem.                                 |                                                                 |  |  |  |
| Name                         | (please print)                                                                     | KAY MAI                                 | DDOX                                |                                       |                                         |                            | Title R                               | EGULA                  | ATORY ANA                                    | ALYST                                 |                                                                 |  |  |  |
| Signat                       | ure                                                                                | (Electron                               | ic Submissi                         | on)                                   |                                         |                            | Date <u>0</u>                         | Date 07/25/2018        |                                              |                                       |                                                                 |  |  |  |
|                              |                                                                                    |                                         |                                     |                                       |                                         |                            |                                       |                        |                                              |                                       |                                                                 |  |  |  |
| Title 18 U<br>of the Uni     | I.S.C. Section I<br>ted States any                                                 | 1001 and T<br>false, ficti              | Title 43 U.S.C<br>tious or fradu    | C. Section 12<br>alent stateme        | 212, make it<br>ents or repre           | a crime for<br>sentations  | any person knov<br>as to any matter v | vingly a<br>vithin its | nd willfully to<br>jurisdiction.             | to make to any department or a .      | igency                                                          |  |  |  |