Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR IS DEPARTMENT OF LAND MANAGEMENT

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

| 5. | Lease Serial No. |  |
|----|------------------|--|
|    | NMNM121490       |  |

| SUNDRY N        | OTICES AND    | REPORTS O         | N WEBLE L      |
|-----------------|---------------|-------------------|----------------|
| Do not use this | form for prop | osals to drill or | to re-enter an |
| handoned well   | lise form 316 | 60-3 (APD) for s  | uch proposals  |

| Do not use thi                                                                                                                                                                                                                                                                                                              | s form for proposals to                                                                                              | drill or to re-                                                               | enter an                                   |                   |                                                                     | 21700           |                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|-------------------|---------------------------------------------------------------------|-----------------|---------------------|--|
| abandoned wel                                                                                                                                                                                                                                                                                                               | 6. If Indian, Allottee or Tribe Name                                                                                 |                                                                               |                                            |                   |                                                                     |                 |                     |  |
| SUBMIT IN 1                                                                                                                                                                                                                                                                                                                 | 7. If Unit or CA/Agreement, Name and/or No.                                                                          |                                                                               |                                            |                   |                                                                     |                 |                     |  |
| 1. Type of Well                                                                                                                                                                                                                                                                                                             | ar.                                                                                                                  |                                                                               | HOBBS                                      | 000               | 8. Well Name and No. COLGROVE 35 FED COM 708H                       |                 |                     |  |
| ② Oil Well ☐ Gas Well ☐ Oth  2. Name of Operator                                                                                                                                                                                                                                                                            | Contact:                                                                                                             | DENIEE IADE                                                                   | DATE                                       |                   | 9. API Well                                                         | No              |                     |  |
| EOG RESOURCES INCORPO                                                                                                                                                                                                                                                                                                       | DRATEDE-Mail: renee_jarra                                                                                            | RENEE JARRATTIEC 1 2 2018                                                     |                                            |                   | 30-025-43573-00-X1                                                  |                 |                     |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                 |                                                                                                                      | 3b. Phone No. (include area code) Ph: 432-686-                                |                                            |                   | 10. Field and Pool or Exploratory Area RED HILLS-BONE SPRING, NORTH |                 |                     |  |
| MIDLAND, TX 79702                                                                                                                                                                                                                                                                                                           | D 14 C D 1-41                                                                                                        | 3b. Phone No. (include area code) Ph: 432-686-PAECEIVED                       |                                            |                   | U. Garage and Parish Chair                                          |                 |                     |  |
| 4. Location of Well (Footage, Sec., T.                                                                                                                                                                                                                                                                                      |                                                                                                                      | ,                                                                             |                                            |                   | 11. County or Parish, State                                         |                 |                     |  |
| Sec 35 T26S R33E 301FSL 6<br>32.000961 N Lat, 103.536125                                                                                                                                                                                                                                                                    | 15FEL<br>W Lon                                                                                                       |                                                                               |                                            |                   | LEA COUNTY, NM                                                      |                 |                     |  |
| 12. CHECK THE AP                                                                                                                                                                                                                                                                                                            | PROPRIATE BOX(ES)                                                                                                    | TO INDICAT                                                                    | E NATURE O                                 | F NOTICE,         | REPORT,                                                             | OR OTHER        | R DATA              |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                                                                               | ТҮРЕ ОР                                    | ACTION            |                                                                     |                 |                     |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                            | ☐ Acidize                                                                                                            | ☐ Deep                                                                        | en                                         | ☐ Product         | ion (Start/Re:                                                      | sume) [         | Water Shut-Off      |  |
| _                                                                                                                                                                                                                                                                                                                           | ☐ Alter Casing                                                                                                       | ☐ Alter Casing ☐ Hydraul                                                      |                                            | □ Reclama         | ation                                                               |                 | Well Integrity      |  |
| ☐ Subsequent Report                                                                                                                                                                                                                                                                                                         | □ Casing Repair                                                                                                      | □ New                                                                         | Construction                               | ☐ Recomp          | lete                                                                |                 | Other               |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                  | □ Change Plans                                                                                                       | Plug                                                                          |                                            |                   | ☐ Temporarily Abandon ☐ Water Disposal                              |                 | Drilling Operations |  |
| 1                                                                                                                                                                                                                                                                                                                           | ☐ Convert to Injection                                                                                               | Plug                                                                          |                                            |                   |                                                                     |                 |                     |  |
| following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi 11/12/18 Run 9-5/8", 40#, J55 Run 9-5/8", 40#, HCL80, LTC Cmt lead 1425 sx Class H, 12. Tail 295 sx, Class H, 14.8 ppg Test to 2300 psi/30 min - good Circ 580 sx to surface Resume drilling 6-3/4" hole | andonment Notices must be file<br>nal inspection.<br>, LTC (0'-3999')<br>(3999'-5106')<br>.9 ppg, 1.88 yld<br>, 1.88 | ed only after all r                                                           | equirements, includ                        | ing reclamation   | n, have been co                                                     | ompleted and t  | he operator has     |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                  |                                                                                                                      | MENNE Varies                                                                  | by the RI M Wel                            | 1 Information     | Suctor                                                              |                 |                     |  |
|                                                                                                                                                                                                                                                                                                                             | Electronic Submission #<br>For EOG RESOU                                                                             | RCES INCOR                                                                    | ORATED, sent t                             | to the Hobbs      | :                                                                   | =\              |                     |  |
| Name (Printed/Typed) RENEE JA                                                                                                                                                                                                                                                                                               | essing by PKID                                                                                                       | ssing by PRISCILLA PEREZ on 12/03/2018 (19PP0475SE)  Title REGULATORY ANALYST |                                            |                   |                                                                     |                 |                     |  |
| Name (17 men 19pen) NENEL OF                                                                                                                                                                                                                                                                                                | MONT                                                                                                                 |                                                                               | THE REGUL                                  | ATORT AR          | ALIGI                                                               |                 |                     |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                     | ubmission)                                                                                                           |                                                                               | Date 11/26/20                              | 018               |                                                                     | 1               |                     |  |
|                                                                                                                                                                                                                                                                                                                             | THIS SPACE FO                                                                                                        | R FEDERA                                                                      | PORSTATE                                   | OFFICE U          | SE VILLE                                                            |                 |                     |  |
| Approved By                                                                                                                                                                                                                                                                                                                 |                                                                                                                      |                                                                               | Title DEC                                  | ` <b>^</b> 7 2013 |                                                                     |                 | Date                |  |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equ                                                                                                                                                                                                                                  |                                                                                                                      | DEC                                                                           | , , , , , , , , ,                          | /9/               | Jonatho                                                             | n Shepard       |                     |  |
| which would entitle the applicant to condu                                                                                                                                                                                                                                                                                  | <u> </u>                                                                                                             |                                                                               | Office DEATLOR                             |                   | CEMEN                                                               | <u> </u>        |                     |  |
| Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s                                                                                                                                                                                                                                      | U.S.C. Section 1212, make it a tatements or representations as                                                       | crime for any per<br>to any matter wi                                         | son knowingly and<br>hin its jurisdiction. | Avillfülly to ma  | ike to any depa                                                     | artment or ager | ncy of the United   |  |