| Form 3160-5<br>(June 2015)  | UNITED STATES<br>EPARTMENT OF THE INTER   | מסוע   |   | ORM APPROVED<br>MB NO. 1004-0137           |  |
|---|---|--|---|--|--|
| В   | UREAU OF LAND MANAGEM   | arlsbad Fi                                   | eld Office Exp  | ires: January 31, 2018<br>No.              |  |
| Do not use th   | NOTICES AND REPORTS<br>is form for proposals to drill<br>is form 3160-3 (APD) for | or to reputitive and                         |   | 836<br>ottee or Tribe Name                 |  |
|   |   |  | o. If Indian, All   | ouee or The Name                           |  |
| SUBMIT IN TRIPLICATE - Other instructions op 6552   |   |  |   | /Agreement, Name and/or No.                |  |
| 1. Type of Well<br>Soli Well Gas Well Ot  | HOBE 162019   | 8. Well Name ar<br>FEARLESS                  | 8. Well Name and No.<br>FEARLESS 26 FED COM 503H                              |  |  |
| 2. Name of Operator<br>EOG RESOURCES INCORP   |   | 9. API Well No                               | 9. API Well No.<br>30-025-45505-00-X1   |  |  |
| 3a. Address3b. PhonPO BOX 2267Ph: 432MIDLAND, TX 79702Ph: 432   |   | Phone No. (include area code<br>432-686-3658 | code) 10. Field and Pool or Exploratory Area<br>WC025G08S253235G-LWR BONE SPI |  |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  |   |  | 11. County or P   | 11. County or Parish, State                |  |
| Sec 26 T25S R32E NWNE 378FNL 1696FEL<br>32.107693 N Lat, 103.642540 W Lon   |   |  | LEA COUNTY, NM  |  |  |
| 12. CHECK THE AI  | PPROPRIATE BOX(ES) TO D   | NDICATE NATURE C                             | F NOTICE, REPORT, OR  | OTHER DATA                                 |  |
| TYPE OF SUBMISSION  |   | ТУРЕ О                                       | TYPE OF ACTION  |  |  |
| □ Notice of Intent  | C Acidize   | Deepen                                       | Production (Start/Resum   | ie) 🔲 Water Shut-Off                       |  |
| —   | Alter Casing  | Hydraulic Fracturing                         | Reclamation   | Well Integrity                             |  |
| Subsequent Report   | Casing Repair   | New Construction                             | Recomplete  | Other<br>Production Start-up               |  |
| Final Abandonment Notice  | Change Plans  | Plug and Abandon                             | Temporarily Abandon   | rioduction Start-up                        |  |
| 13. Describe Proposed or Completed Op   | Convert to Injection  | Plug Back                                    | U Water Disposal  |  |  |
| determined that the site is ready for f<br>EOG will run tubing and gas li<br>notice will be submitted at that                                   | ft valves in 3-6 months after this time listing the depth of the tut              | s well stops flowing. A s<br>bing.           | undry   |  |  |
|   |   |  |   |  |  |
|   |   |  |   |  |  |
|   |   |  |   |  |  |
| <ol> <li>I hereby certify that the foregoing is</li> <li>Corr</li> </ol>  | Electronic Submission #494701   | INCORPORATED, sent                           | to the Hobbs  |  |  |
| Name (Printed/Typed) KAY MADDOX   |   | Title REGUL                                  | ATORY SPECIALIST  | <u> </u>                                   |  |
| Signature (Electronic S   | Submission)   | Date 12/05/2                                 | 019   |  |  |
| <u> </u>  | THIS SPACE FOR FE   | DERAL OR STATE                               | OFFICE USE  |  |  |
|   |   | A  | tod for Pacord  | DEC 0 6 2019                               |  |
| Approved By   |   |  | ted for Record  | Date C L C L C L C L C L C L C L C L C L C |  |
| Conditions of approval, if any, are attached<br>certify that the applicant holds legal or equivalent which would entitle the applicant to condu | uitable title to those rights in the subject                                      |  | athon Shepard<br>sbad Field Office  |  |  |
| Title 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent s   |   |  | willfully to make to any departme   | ent or agency of the United                |  |
| (Instructions on page 2)  | SED ** BLM REVISED ** B   |  |   | ICED ##                                    |  |
|   | ISED DLINI KEVISED "" B   | LIAI KEAIĴED RFU                             | I REVISED BLM KEV   | 19EU                                       |  |