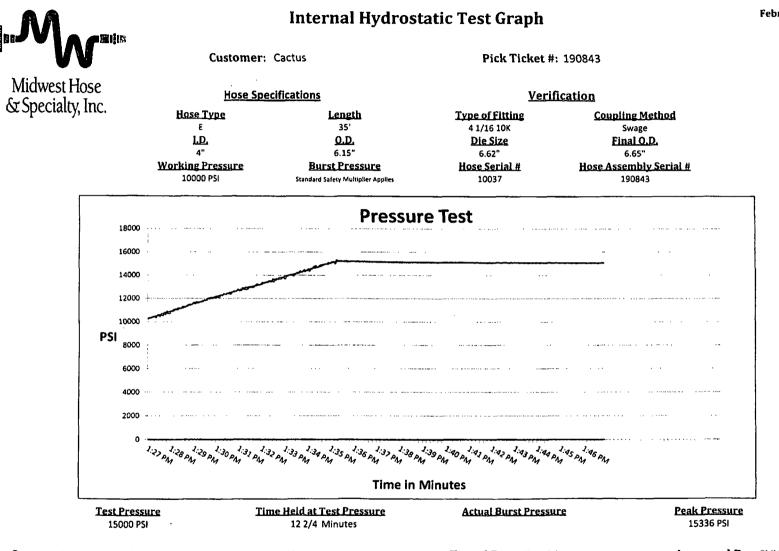
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P. D. Box 2267 Midland, TX 19702 432-686-3689 10. Pied and Pool, or Exploratory Area Location of Well (Poologe, Sec. 7, R. M. or Survey Description) 10. Pied and Pool, or Exploratory Area Red H111s Stor TSL & 2190° FEL. U/L J (NSEE). SHL Sec 24, T25S. R33E 11. County or Parish, State 230° FSL & 2190° FEL. U/L J (NSEE). BHL Sec 13, T25S. R33E 11. County or Parish, State 12 CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA Med TYPE OF SUBMISSION TYPE OF ACTION West County or Parish, State 13 Motice of Insert Anticas Descin Production (StatuResume) West Usegord 14 Antice Caining Production (StatuResume) West Usegord Odar Odar 14 Antice Caining Production (StatuResume) West Usegord Odar Odar 15 Subacquint Report Chaing Plans Production (StatuResume) Odar Odar 16 Intel Abundommered Notice Chaing Plans Plans abundom in working definition (StatuResume) Odar Odar 17 Production (StatuResume) New Concols of Abundommered Notice Plans abundom in working definition (StatuResume) <td></td> <td></td> <td></td> <td>2h Dhone No (includ</td> <td></td> <td>1</td> <td>/</td>				2h Dhone No (includ		1	/
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Alter Casing Practure Treat Reclamation Well Integrity Casing Repair New Construction Recomplete Other Other Build Abandonment Notice Consign Plans Plug Back Water Daposal Other Other 3. Describe Proposed of Completed Operation: Clearly state all performed or provide the Board No. on file with BLM/BIA. Required antegrout and upproximate duration thereof. If 1 the proposal is deopen directionally or recomplete that the performed or provide the Board No. on file with BLM/BIA. Required antegrout and provide states and access. Attach the Board and work will be performed or provide the Board No. on file with BLM/BIA. Required antegrout and the provide and cores. Attach the Board and work will be performed or provide the Board No. on file with BLM/BIA. Required antegrout and provide states of the one completed. And the operator has determined on the operator has determined anternol. J Ford State State State State State State and the operator has determined from the performed or provide state the file only after all requirements, tackdage EOG Resources, Inc. intends to use Cactus Rig #102 to drill this well. Attached are the Co-Flex Hose Specifications and Test Certification specific to this rig. No other changes to the approved APD are necessary. 4.1 hereby certify that the foregoing is true and correct. Name (Primed/Typed) Stan Wagner Tate Signature Date 4/18/2013 Appr	TYPE OF SUBM	ISSION			TYPE OF ACTION		
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Casing Repair New Construction Recomplete Other Change Plans Plug and Abandon Temporarily Abandon Converted to ligition Recomplete Converted to ligition Converted to l			Alter Casing	Fracture Treat	Reclamati	on 🗌 We	ell Integrity
I rhad Additionment voluce Convert to Injuetion Pug Back Water Disposal Convertion Converting Convertion Convertion Convertion Convert Conv	Subsequent Rep	ort	Casing Repair	New Constructio	n Recomple	te Oi	ther
Convert to Injection Plug Back Water Disposal Converted Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subaufice locations and measured and true vertical daphia of all pertinent markers and zones. Attach the Boal does with the Moltan Boal does. The operation: The operation can be back to on the MB bL/MB LA. Required subsequent reports shall be filed once tesing has been completed. The Audonaument Moles shall be filed only after all requirements, including reclamation, have been completed. The operator has determined that the final area or ready for final impection.) EOG Resources, Inc. intends to use Cactus Rig #102 to drill this well. Attached are the Co-Flex Hose Specifications and Test Certification specific to this rig. No other changes to the approved APD are necessary. SEEE ATTACHED FOR CONDITIONS OF APPROVAL 4. I hereby certify that the foregoing is true and correct. Name (<i>PrintedTyped</i>) Stan Wagner Signature Has Wagner Tule Regulatory Analyse Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by This SPACE FOR FEDERAL OR STATE OFFICE Use Approved by Stan Users of the routed dependent sprease in working. Approved by App	Final Abandour	pent Notice	X Change Plans	Plug and Abando	m Temporari	ily Abandon	
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INTERNA	Lŀ	IYDROSTA	TIC TEST	CERTIFICA	ΓE		
Customer:			·······	Customer P.O. Number			
<u></u>	<u> </u>	ACTUS		RIG#102			
		HOSE SPECI	FICATIONS				
•••		rator Hose					
GRADE	E	API 7K	I	Hose Length:	35 FEET		
I.D.	4	INCHES	O.D.	6.15 //	NCHES		
WORKING PRESSURE	T	TEST PRESSUR	E	BURST PRESSUR	E		
10,000 PS	si	15,000	PSI	N/A	PSI		
		COUP					
Part Number]	Stem Lot Nun	LINGS nber	Ferrule Lot Nu	mber		
E4.0X64WB 809							
E4.0X64WB		8099		NQ745			
Type of Coupling:			Die Size:				
SWAGE-IT			6.62 INCHES				
		PROC	EDURE				
Hose assen	nblv	pressure tested w	ith water at ambier	nt temperature .			
		EST PRESSURE					
12	1/2	MIN.		N/A	PSI		
Hose Assembly Serial Number: 190843			Hose Serial Number: 10037				
Comments: ASSET# I	M12	079	<u>_</u>				
Date:	1	fested: Bil	ly Balak	Approved: Planting 11 b	1-+-+-		



Comments: Hose assembly pressure tested with water at ambient temperature.

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Tested By: Billy Balak

The Bolat

Approved By: Phil Maytubby

February 12, 2013

<u>Co-Flex line</u> Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review**. If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).