

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Operator Copy

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

EOG Resources Inc.

3a. Address

P.O. Box 2267 Midland, Texas 79702

3b. Phone No. (include area code)

432-686-3689

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330 FSL & 365 FWL, SWNW, Sec 36 SHL  
230 FNL & 380 FWL, NWNW, Sec 25 Proposed BHL

T26S-R33E

5. Lease Serial No.

NM 122622 BHL

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Endurance 36 3H

State Com

9. API Well No.

30-025-40259

10. Field and Pool, or Exploratory Area

Bradley; Bone Spring

11. County or Parish, State

Lea NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Acidize                 | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing            | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair           | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other          |
| <input checked="" type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |   |
| <input type="checkbox"/> Convert to Injection    | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

EOG Resources requests an amendement to the APD for this well to reflect changes in production casing, reclamation plan, and BHL.

Change from a pilot to a non-pilot well.

Casing change from 5-1/2", 20#, P110/HCP110 NSCC to 5-1/2", 17#, P110/HCP110 LTC

Change in BHL to 230' FNL & 380' FWL, U/L D (NWNW), Sec 25, T26S, R33E  
Amended directional plan is attached.

Amended reclamation plan and wellsite diagram attached.

UNORTHODOX  
LOCATION

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Stan Wagner

Title Regulatory Analyst

Signature

*Stan Wagner*

Date 9/06/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

*James G. Owens Jr*

Title FIELD MANAGER

Date

10-15-12

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office  
CARLSBAD FIELD OFFICE

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

MAY 20 2013

*alm*

☐ **AMENDED REPORT**

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-40259	<sup>2</sup> Pool Code 7280	<sup>3</sup> Pool Name Bradley; Bone Spring
<sup>4</sup> Property Code 38129	<sup>5</sup> Property Name ENDURANCE 36 STATE COM	
		<sup>6</sup> Well Number #3H
<sup>7</sup> OGRID No. 7377	<sup>8</sup> Operator Name EOG RESOURCES, INC.	
		<sup>9</sup> Elevation 3336'

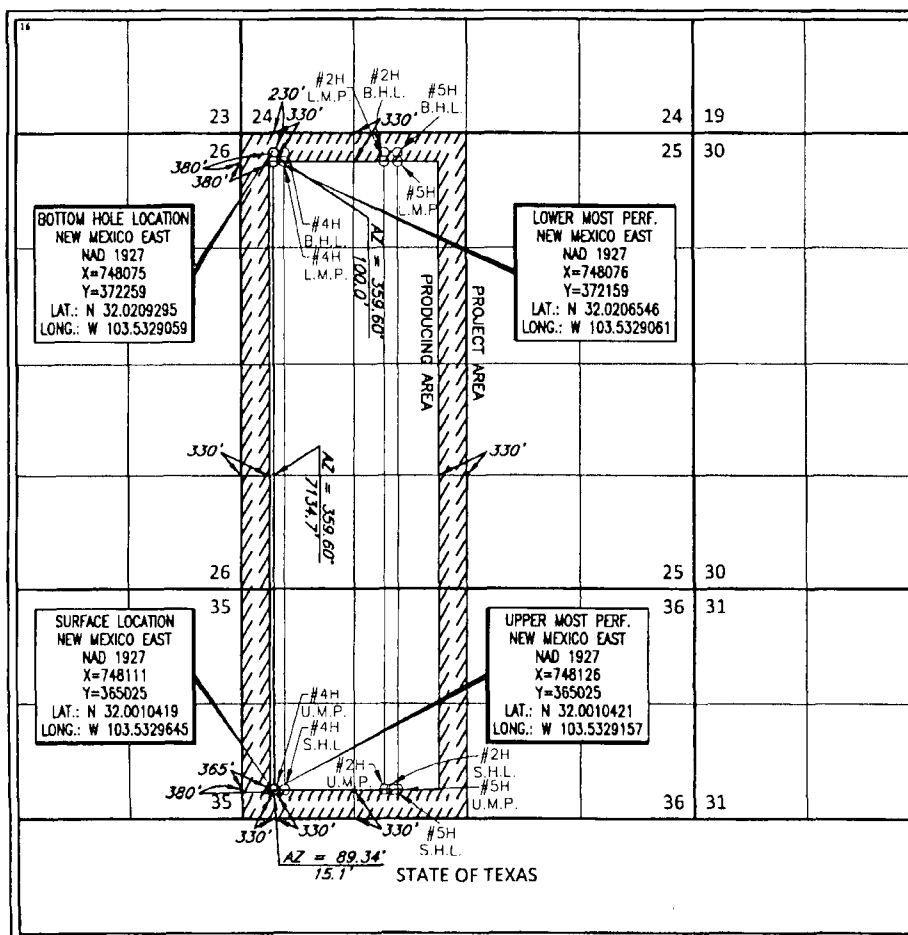
<sup>10</sup>Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	36	26-S	33-E	—	330'	SOUTH	365'	WEST	LEA

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	25	26-S	33-E	-	230'	NORTH	380'	WEST	LEA

<sup>12</sup> Dedicated Acres 480	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>17</sup>OPERATOR CERTIFICATION

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

Signature Stan Wagner Date 9/6/12  
Stan Wagner

Printed Name \_\_\_\_\_

E-mail Address

## 18 SURVEYOR CERTIFICATION

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

861/8012  
M. CHASE, JR.  
NEW YORK  
18329  
PROFESSIONAL SURVEYOR

Date of Survey \_\_\_\_\_  
Signature and Title of Professional Surveyor \_\_\_\_\_  
Certificate Number \_\_\_\_\_