

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires October 31, 2014

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Serial No. NMNM122622 BHL
2. Name of Operator EOG Resources, Inc.	6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 2267 Midland, TX 79702	7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) 432-686-3689	8. Well Name and No. Endurance 36 State Com 3H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 365' FWL, U/L E (SWNW), Sec 36, T26S, R33E SHL 230' FNL & 380' FWL, U/L D (NWNW), Sec 25, T26S, R33E BHL	9. API Well No. 30-025-40259
	10. Field and Pool, or Exploratory Area Red Hills; BS Upper Shale
	11. County or Parish, State Lea NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Fracture Treat <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Recomplete <input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon <input type="checkbox"/> BOPE Change
	<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 a variance to drill this well using a co-flex line between the BOP and the choke manifold (instead of using a 4" OD steel line).

Manufacturer: Midwest Hose & Speciality

Serial Number: SN#90067

Length: 35'


Size: OD = 8" ID = 4"

Ends: Flanges Size: 4-1/16"


WP Rating: 10,000 psi Anchors required by manufacturer: No

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Stan Wagner	Title Regulatory Analyst
Signature 	Date 5/7/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date MAY 10 2013
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 	/s/ Chris Walls

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

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M I D W E S T
HOSE AND SPECIALTY INC.

INTERNAL HYDROSTATIC TEST REPORT			
Customer: CACTUS		P.O. Number: RIG #123	
Asset # M10761			
HOSE SPECIFICATIONS			
Type: CHOKER LINE		Length: 35'	
I.D. 4" INCHES		O.D. 8" INCHES	
WORKING PRESSURE 10,000 PSI	TEST PRESSURE 15,000 PSI		BURST PRESSURE PSI
COUPLINGS			
Type of End Fitting 4 1/16 10K FLANGE			
Type of Coupling: SWEDGED		MANUFACTURED BY MIDWEST HOSE & SPECIALTY	
PROCEDURE			
<i>Hose assembly pressure tested with water at ambient temperature.</i>			
TIME HELD AT TEST PRESSURE 1 MIN.		ACTUAL BURST PRESSURE: 0 PSI	
COMMENTS: SN#90067 M10761 Hose is covered with stainless steel armour cover and wrapped with fire resistant vermiculite coated fiberglass insulation rated for 1500 degrees complete with lifting eyes			
Date: 6/6/2011	Tested By: BOBBY FINK		Approved: MENDI JACKSON



Midwest Hose
& Specialty, Inc.

Internal Hydrostatic Test Graph

Customer: CACTUS

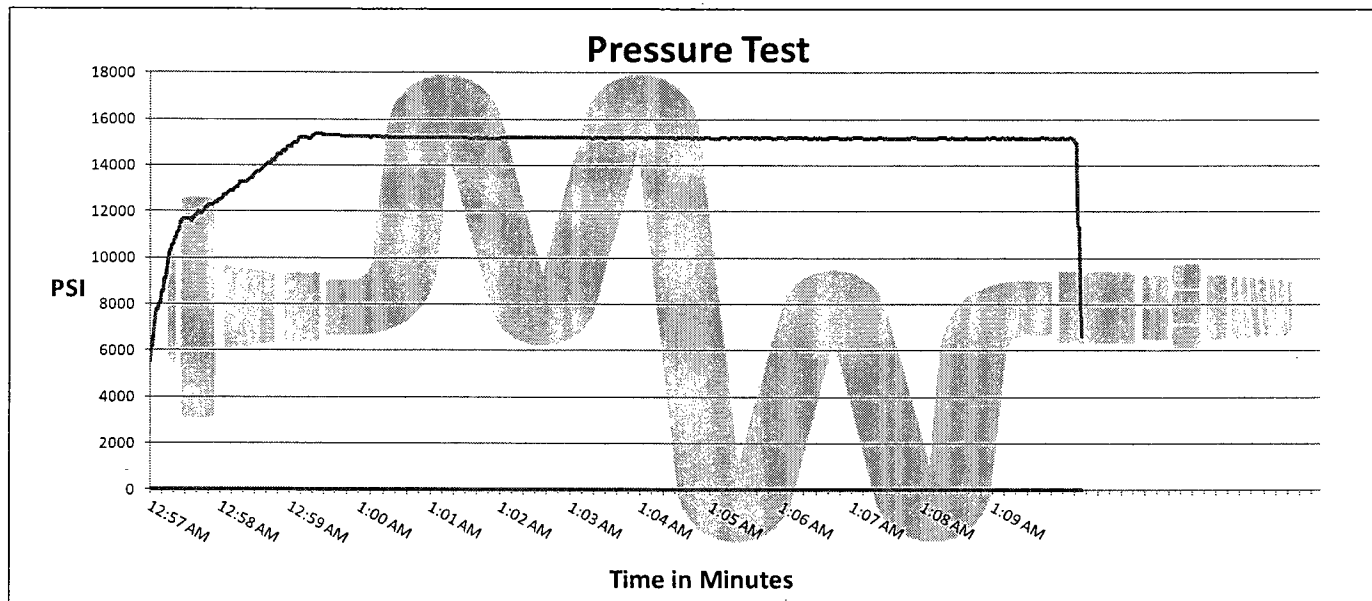
SALES ORDER# 90067

Hose Specifications

<u>Hose Type</u>	<u>Length</u>
C & K	35'
<u>I.D.</u>	<u>O.D.</u>
4"	8"
<u>Working Pressure</u>	<u>Burst Pressure</u>
10000 PSI	Standard Safety Multiplier Applies

Verification

<u>Type of Fitting</u>	<u>Coupling Method</u>
4 1/16 10K	Swage
<u>Die Size</u>	<u>Final O.D.</u>
6.62"	6.68"
<u>Hose Serial #</u>	<u>Hose Assembly Serial #</u>
	90067



Test Pressure
15000 PSI

Time Held at Test Pressure
11 1/4 Minutes

Actual Burst Pressure

Peak Pressure
15439 PSI

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

Tested By: Bobby Fink

Approved By: Mendi Jackson

Bobby Fink

Mendi Jackson

Co-Flex line
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).