

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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.*5. Lease Serial No.  
NMNM122622

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**7. If Unit or CA/Agreement, Name and/or No.  
NMNM136647

## 1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
ENDURANCE 36 STATE COM 701H ✓

## 2. Name of Operator

EOG RESOURCES INCORPORATED

Contact: STAN WAGNER

E-Mail: stan\_wagner@eogresources.com

## 9. API Well No.

30-025-42984-00-S1

## 3a. Address

MIDLAND, TX 79702

## 3b. Phone No. (include area code)

Ph: 432.686.3689

## 10. Field and Pool or Exploratory Area

UNKNOWN  
WC025G09S263327G-UP WOLFCAMP

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

Sec 36 T26S R33E Lot 4 360FSL 990FWL ✓

## 11. County or Parish, State

LEA COUNTY, NM

## 12. CHECK THE 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"/> Hydraulic Fracturing	<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 type="checkbox"/> Other
	<input 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 checked="" type="checkbox"/> Water Disposal	

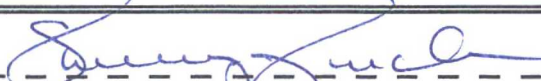
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

EOG Resources requests authority for produced water disposal as outlined on the attached water disposal information sheet.

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #367692 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 02/24/2017 (17PP0228SE)	
Name (Printed/Typed) STAN WAGNER	Title AGENT
Signature (Electronic Submission)	Date 02/21/2017

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By 	Title EPS	Date 3/21/17
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 CFO	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

(Instructions on page 2)

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

KZ

BUREAU OF LAND MANAGEMENT  
Carlsbad Field Office  
620 East Greene Street  
Carlsbad, New Mexico 88220  
575-234-5972

Disposal of Produced Water From Federal Wells  
Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

1. This agency shall be notified of any change in your method or location of disposal.
2. Compliance with all provisions of Onshore Order No. 7.
3. This agency shall be notified of any spill or discharge as required by NTL-3A.
4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
7. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
8. Disposal at any other site will require prior approval.
9. Subject to like approval by NMOCD.

7/10/14

Bureau of Land Management  
Carlsbad Field Office  
620 E. Greene Street  
Carlsbad, New Mexico 88220  
575-434-5972

Water Production & Disposal Information

Well No: Endurance 36 State Com 701H (30-025-42984)

In order to process your disposal request, the following information must be completed:

1. Name of formations producing water on the lease. Wolfcamp
2. Amount of water produced from all formations in barrel per day. 8357
3. How water is stored on the lease. Tank
4. How water is moved to the disposal facility. Pipeline
5. Identify the Disposal Facility by:
  - A. Facility Operators Name. EOG Resources, Inc.
  - B. Name of facility or well name & number. EOG Water Gathering System
  - C. Type of facility or well (WDW) (WIW) etc. WDW
  - \* D. The Appropriate NMOCD permit number: \*Various Wells

1/4 1/4      Section      Township      Range     

*Endurance 25 Fed 2	SWD-1424-A	SWNW-25-26S-33E
Black Bear 36 State 5	SWD -1359	SENE-36-25S-33E
Lomas Rojas 26 State 6	SWD-1237	SWNE-26-25S-33E
Diamond 31 Fed 1	SWD-1440	NESW-31-24S-34E