Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM94616

SUNDRY	NMNM94616	NMNM94616 6. If Indian, Allottee or Tribe Name			
Do not use thi abandoned wel	6. If Indian, Allottee				
SUBMIT IN T	7. If Unit or CA/Agr	7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other				Well Name and No. DIAMONDTAIL 34 FEDERAL 01	
Name of Operator EOG RESOURCES INC	Contact: KA E-Mail: Kay_Maddox@	Y MADDOX DEOGRESOURCES.com	9. API Well No. 30-025-32879		
3a. Address PO BOX 2267 MIDLAND, TX 79702	b. Phone No. (include area code) h: 432-686-3658	10. Field and Pool of TRISTE DRAV	10. Field and Pool or Exploratory Area TRISTE DRAW; DELAWARE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish	11. County or Parish, State	
Sec 34 T23S R32E 1980FSL 2	LEA COUNTY	, NM			
12. CHECK THE AP	PROPRIATE BOX(ES) TO	INDICATE NATURE O	F NOTICE, REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION		TYPE OF	ACTION		
☐ Notice of Intent	☐ Acidize	□ Deepen	□ Production (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing	☐ Hydraulic Fracturing	☐ Reclamation	☐ Well Integrity	
Subsequent Report	☐ Casing Repair	■ New Construction	☐ Recomplete	Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon		
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal		
13. Describe Proposed or Completed Ope If the proposal is to deepen directiona Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi 06/12/2017 MIRU - Repaired 06/16/2017 Put well Back on	Ily or recomplete horizontally, give k will be performed or provide the operations. If the operation results andonment Notices must be filed on nal inspection. rods & tbg, SET 27/8" L-80	e subsurface locations and measu Bond No. on file with BLM/BIA s in a multiple completion or reco only after all requirements, includ	red and true vertical depths of all pert . Required subsequent reports must b mpletion in a new interval, a Form 31 ing reclamation, have been completed	inent markers and zones. be filed within 30 days 160-4 must be filed once I and the operator has	
6/20/2017 24 Hr Well Test: 4 BOPD, 65 BWPD, 13 MCF				JUL 1 2 2017	
ECONOMIC JUSTIFICATION				RECEIVED	
TOTAL COST OF WORKOVE WI 100% NRI 87.5% ROYALTY + TAXES = 21.10% NET OIL TO EOG @ 4 BOPD					
14. I hereby certify that the foregoing is	Electronic Submission #379	518 verified by the BLM Wel	I Information System		
	For EOG RES Committed to AFMSS for pro	SOURCES INC, sent to the I	lobbs		
Name (Printed/Typed) KAY MAD	- 1	ATORY ANALYST			
			1		
Signature (Electronic S		Date 06/22/20	HVVII IEV I	OR RECORD	
	THIS SPACE FOR	FEDERAL OR STATE	OFFICE USE		
Approved By		Title TPE	T PRSwan	Date 07/05/1	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct the conduction of t		,	y In Manager 1		
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulents	U.S.C. Section 1212, make it a crir statements or representations as to	me for any person knowingly and	willfully to make to any department CARLSBAD	or agency of the United	

(Instructions on page 2)

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Additional data for EC transaction #379518 that would not fit on the form

32. Additional remarks, continued

3.15 BO X \$45.00 = \$142.00 PER DAY \$4260.00 PER MONTH LESS OPEX COST \$1500.00=\$2760.00 PER MO \$33,120.00 PER YEAR

APPROX 1 YEAR AND 9 MONTH PAYOUT THIS WELL IS ECONOMIC TO PUT BACK ON PRODUCTION