Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD

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

NMNM121490

	Expires. January	0
5.	Lease Serial No.	
	NIN ANIB ALCO A ACCO	

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.	S
abandoned well. Use form 3160-3 (APD) for such proposals.	

6. If Indian, Allottee or Tribe Name

		14017	0				
SUBMIT IN	7. If Unit or CA/Agreement, Name and/or No.						
Type of Well	ner	RECE	8. Well Name and 1 RATTLESNAK			ED COM 709H	
Name of Operator EOG RESOURCES INCORPO	. Contact: DRATEDE-Mail: Kay_Madd	KAY MADDOX 0x@EOGRESO	(URCES.com		9. API Well No. 30-025-43527		
3a. Address PO BOX 2267 MIDLAND, TX 79702	3b. Phone No. Ph: 432-686	(include area code) -3658		10. Field and Pool or Exploratory Area WC-025-G09S263327G;UP WOL			
4. Location of Well (Footage, Sec., T	, R., M., or Survey Description,)			11. County or Parish, State		
Sec 28 T26S R33E 536FNL 1	115FWL /				LEA COUNTY, NM		
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICAT	E NATURE OI	F NOTICE,	REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION				
☐ Notice of Intent	☐ Acidize	□ Deep	en	☐ Product	ion (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing ☐		ulic Fracturing	☐ Reclam	ation	■ Well Integrity	
Subsequent Report	□ Casing Repair	☐ New	Construction	☐ Recomplete		⊘ Other	
☐ Final Abandonment Notice	☐ Change Plans	Plug a	and Abandon	☐ Tempor	arily Abandon	Workover Operations	
	☐ Convert to Injection	Plug P	Back	☐ Water I	Disposal		
following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fit 4/24/2017 Open well to flow 09/25/2017 Ran L-80 2 7/8" well back on production	andonment Notices must be filenal inspection. back, Date of First produ	ed only after all re	quirêments, includi				
14. I hereby certify that the foregoing is	true and correct. Electronic Submission # For EOG RESOU					X //	
	Committed to AFMSS for	processing by	JENNIFER SANS	HEZ on 10/	11/2017 ()	1000	
Name (Printed/Typed) KAY MAD	DOX		Title REGULA	ATORX AN	ALYST FOR REA	KORDIX	
			/	1	1//	7 //	
Signature (Electronic S	Submission)		Date 09/25/20	17			
	THIS SPACE FO	R FEDERAL	OR STATE O	OFFICE U	SE 1 2 FON		
Approved By			Title	/BURE/	U OF LAND MANAGEN	M Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	itable title to those rights in the	not warrant or subject lease	Office	CA	RESEAD FIEND OFFIC		
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a statements or representations as	crime for any pers to any matter with	on knowingly and vin its jurisdiction.	willfully to ma	ake to any department or a	gency of the United	
Instructions on page 2) ** OPERAT	OR-SUBMITTED ** O	PERATOR-S	UBMITTED **	OPERAT	OR-SUBMITTED *	* 1/ do	