Form 3160-5 (June 2015)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

**NMOCD** Hobbs HOBBS OCD Expue...
S. Lease Serial No. NMNM94864

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

**SUNDRY NOTICES AND REPORTS ON WELLS** 

| Do not use thi<br>abandoned wel                                                                                                                                                                                                                                                                                                                                                                            | s form for proposals to<br>i. Use form 3160-3 (API                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | drill or to re-en<br>D) for such pro                                                                                               | posals.                                                                                                   | *                                                      | 6. If Indian, Allottee                                                        | or Tribe Name                                                            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----|
| SUBMIT IN 1                                                                                                                                                                                                                                                                                                                                                                                                | RIPLICATE - Other inst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ructions on pa                                                                                                                     | 46-6-1                                                                                                    | EIVED                                                  | 7. If Unit or CA/Agr                                                          | eement, Name and/or l                                                    | No. |
| 1. Type of Well  ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                           |                                                        | 8. Well Name and No.<br>EL ZORRO FREMONT FEDERAL 2                            |                                                                          |     |
| Name of Operator Contact: TINA HUERTA     EOG Y RESOURCES, INC. E-Mail: tina_huerta@eogresources.com                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                           |                                                        | 9. API Well No.<br>30-025-34703                                               |                                                                          |     |
| 3a. Address 104 SOUTH FOURTH STREET ARTESIA, NM 88210  3b. Phone No. (include area code) Ph: 575-748-4168                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                           |                                                        | 10. Field and Pool or Exploratory Area<br>SWD; BOUGH C                        |                                                                          |     |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                           |                                                        | 11. County or Parish, State                                                   |                                                                          |     |
| Sec 1 T9S R36E SWNE 1880FNL 1350FEL                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                           |                                                        | LEA COUNTY, NM                                                                |                                                                          |     |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                                                                                                                                           | PROPRIATE BOX(ES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO INDICATE                                                                                                                        | NATURE OF                                                                                                 | NOTICE                                                 | , REPORT, OR OT                                                               | HER DATA                                                                 |     |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                         | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                                                                           |                                                        |                                                                               |                                                                          |     |
| <ul><li>Notice of Intent</li><li>☐ Subsequent Report</li><li>☐ Final Abandonment Notice</li></ul>                                                                                                                                                                                                                                                                                                          | □ Alter Casing       □ Hydraulic Fracturing       □ Red         □ Casing Repair       □ New Construction       □ Red         □ Change Plans       □ Plug and Abandon       □ Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                           | □ Reclam                                               | plete<br>rarily Abandon                                                       | □ Water Shut-C □ Well Integrit ☑ Other                                   | •   |
| If the proposal is to deepen directional Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fit. This is notification that EOG Y EOG Y Resources, Inc., as ne restrictions concerning operational Bond Coverage: BLM Bond Fit Change of Operator Effective: Former Operator: Rockcliff Operator Effective: | k will be performed or provide operations. If the operation revaled in the operation revaled in the operation revaled in the operation.  Resources, Inc. is taking two operator, accepts all apons conducted on this lead to the operator. Inc. is taking the operator, accepts all apons conducted on this lead to the operator. Inc. is taking the operator. Inc. is takin | the Bond No. on fil<br>sults in a multiple of<br>ed only after all req<br>over operations<br>pplicable terms,<br>ase, or portion o | e with BLM/BIA. completion or recording the second triangle of this well. conditions, stip flease describ | Required sumpletion in a ng reclamation ulations a ed. | bsequent reports must b<br>new interval, a Form 31<br>on, have been completed | e filed within 30 days<br>60-4 must be filed one<br>and the operator has |     |
| 14. I hereby certify that the foregoing is  Name (Printed/Typed) TINA HUE  Signature (Electronic S                                                                                                                                                                                                                                                                                                         | Electronic Submission #<br>For EOG Y<br>Committed to AFMSS fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RESOURCES IN r processing by                                                                                                       | ĺČ., sent to the<br>PRISCI∳LA PER                                                                         | Hobbs<br>REZ on 05/3                                   | 1 //                                                                          | DX/                                                                      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                            | THIS SPACE FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OR FEDERAL                                                                                                                         |                                                                                                           |                                                        | d#000 6 201                                                                   | 67 N XI                                                                  |     |
| Approved By Conditions of approval, if any, are attached tertify that the applicant holds legal or equivalent would entitle the applicant to conductitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent substructions on page 2)                                                                                                                                           | nitable title to those rights in the ct operations thereon.  U.S.C. Section 1212, make it a statements or representations as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | not warrant or e subject lease crime for any perso to any matter withi                                                             | n is jurisdiction.                                                                                        | willfully to m                                         | AID THE AWND MANAGER BEAUTY FIELD OFF                                         | ME Day                                                                   | 1   |
| ** OPERAT                                                                                                                                                                                                                                                                                                                                                                                                  | OR-SUBMITTED ** O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PERATOR-SU                                                                                                                         | ן אַשׁנוע (MITTED/**                                                                                      | OPERA                                                  | IUK-SUBMIT(TEI                                                                | )**                                                                      |     |

## **BUREAU OF LAND MANAGEMENT** CARLSBAD FIELD OFFICE

620 E. Greene St Carlsbad, NM 88220 Ph: (575) 234-5972

## Conditions of Approval for Change of Operator

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method within 60 days, if changes have been made from previously approved disposal method.
- 3. Review facility diagram on file, and submit updated facility diagrams, as per Onshore Order #3 within 60 day.
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.
- 9. If this well is incapable of producing in paying quantities submit NOI to plug and
- abandon this well or obtain approval to do otherwise within 90 days.

  10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
- 11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.