|  |  | GECEARL   | sbad Fi                        | eld O   | 5. Lease Serial No.                       | D. 1004-0137<br>nuary 31, 2018 |
|--|--|---|--------------------------------|---|---|--------------------------------|
| SUNDRY<br>Do not use thi   | NOTICES AND REPO   | RTS ON WE   | OCD H                          | obbs  | NMNM66924<br>6. If Indian, Allottee o     | r Tribe Name                   |
| abandoned well. Use form 3160-3 (APD) for such proposals.  |  |   |                                |   |   |                                |
| SUBMIT IN TRIPLICATE - Other Instructions on page 2  |  |   |                                |   | 7. If Unit or CA/Agree                    | ment, Name and/or No.          |
| 1. Type of Well<br>Soli Well Gas Well Other  |  |   |                                |   | 8. Well Name and No.<br>DARIUS ADS FED 01 |                                |
| 2. Name of Operator Contact: KRISTINA AGEE<br>EOG RESOURCES INCORPORATEDE-Mail: kristina_agee@eogresources.com   |  |   |                                |   | 9. API Well No.<br>30-025-33262-00-C1     |                                |
| Ba. Address<br>PO BOX 2267<br>MIDLAND, TX 79702  | 3b. Phone No. (include area code)<br>Ph: 432-686-6996  |   | CD                             | 10. Field and Pool or Exploratory Area<br>SAND DUNES-BONE SPRING, SOU |   |                                |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)   |  |   |                                |   | 11. County or Parish, State               |                                |
| Sec 30 T23S R32E NWNE 990FNL 2310FEL   |  |   |                                | LEA COUNTY,   |   |                                |
|  | PPROPRIATE BOX(ES)   |   | RECEN                          | ENOTICE   | REPORT OR OTH                             |                                |
| TYPE OF SUBMISSION   |  | TO INDICA   |                                | ACTION  |   |                                |
|  |  |   |                                |   | ion (Start/Resume)                        | □ Water Shut-Off               |
| Notice of Intent   | Alter Casing   |   | raulic Fracturing              |   | · · · · ·                                 | □ Well Integrity               |
| Subsequent Report  | Casing Repair  |   | Construction                   | Recomplete  |   | Other                          |
| □ Final Abandonment Notice   | Change Plans   | -   | and Abandon                    | <ul> <li>Temporarily Abandon</li> <li>Water Disposal</li> </ul>       |   | Venting and/or Flaring         |
|  | Convert to Injection   |   |                                |   |   |                                |
| FLARING 05/12/19-11/12/19<br>DARIUS ADS FEDERAL 01A<br>DARIUS ADS FEDERAL 01A  | FLARE 91613  |   |                                |   |   | 0                              |
|  |  |   |                                |   | K   | K                              |
|  | Electronic Submission #  | 464644 verifie                                      | d by the BLM Wel               | I Information   | System                                    | <u> </u>                       |
| 14. I hereby certify that the foregoing is   | For EOG RESOURCES INCORPORATED, sent to the Hob<br>Committed to AFMSS for processing by PRISCILLA PEREZ on 05/08/20  |   |                                |   |   |                                |
|  | nmitted to AFMSS for proc  | Name (Printed/Typed) KRISTINA AGEE                  |                                |   | ADMINISTRATOR                             | <u></u>                        |
| Con  |  |   |                                |   |   |                                |
| Con  | AGEE   |   | Date 05/08/20                  | 019   |   |                                |
| Con<br>Name (Printed/Typed) KRISTINA   | AGEE   | DR FEDERA   |                                |   | SE  |                                |
| Con<br>Name (Printed/Typed) KRISTINA<br>Signature (Electronic S  | AGEE<br>Submission)  | DR FEDERA   | L OR STATE                     | OFFICE U  | se<br>Engineer                            | MAY 0.8 2019                   |
| Con<br>Name (Printed/Typed) KRISTINA<br>Signature (Electronic S<br>Approved By /s/ Jona<br>onditions of approval, if any, are attache<br>rtify that the applicant holds legal or equ | AGEE<br>Submission)<br>THIS SPACE FC<br>thon Shepard<br>d. Approval of this notice does<br>uitable title to those rights in the  | not warrant or                                      | L OR STATE                     | OFFICE U  | Engineer                                  | MAY 0.8 2019                   |
| Name (Printed/Typed) KRISTINA<br>Signature (Electronic   | AGEE<br>Submission)<br>THIS SPACE FO<br>thon Shepard<br>d. Approval of this notice does<br>uitable title to those rights in the<br>uct operations thereon.<br>U.S.C. Section 1212, make it a | not warrant or<br>subject lease<br>crime for any pe | Title Petro<br>Carls<br>Office | office us<br>bleum<br>bad F   | Engineer<br>ield Office                   |                                |

## **BUREAU OF LAND MANAGEMENT**

Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

## **Conditions of Approval to Flare Gas**

- 1. Approval not to exceed 180 days from date of submission.
- All flaring under this request is considered to be "avoidably lost" per 43 CFR 3179.4(a)(2)(i iii). Volumes for avoidably lost gas shall be reported on OGOR "B" reports as disposition code "33".

**Exceptions:** 

- a. The first 24 hours of a temporary emergency flare is considered "unavoidably lost" and is therefore royalty free (43 CFR 3179.103(a)). Flared volumes that are considered unavoidably lost are not to be included in Sundry Notice (Form 3160-5). These Volumes are not royalty bearing and shall be reported on OGOR "B" as either disposition code "21" or "22".
- b. If the operator believes that the flared volumes were "unavoidably lost", the operator can submit a request via Sundry Notice (Form 3160-5) with justification for an exception in accordance with 43 CFR 3179.4, 3179.101 3179.104.