Form 3160-5 (June 2015)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137

	Expires:	January	31,	20
ease	Serial No.			

SUNDRY   Do not use thi abandoned wel	Lease Serial No.     NMNM110836      If Indian, Allottee or Tribe Name							
SUBMIT IN 1	FRIPLICATE - Other inst	tructions on pa	· ~nn+	000	7. If Unit or CA/Agree	ement, Name and/or No.		
1. Type of Well  Oil Well Gas Well Oth		- 41 1	. •					
2. Name of Operator EOG RESOURCES INCORPO	Contact: DRATEDE-Mail: kay_madd	KAY MADDOX ox@eogresources	.com	ENE	9. API Well No. 30-025-45505-0	00-X1		
3a. Address PO BOX 2267 MIDLAND, TX 79702	KAY MADDOX ox@eogresources.com  3b. Phone No. (include ar Ph: 432-686-3658			10. Field and Pool or Exploratory Area WC025G08S253235G-LWR BONE SI				
4. Location of Well (Footage, Sec., T. Sec 26 T25S R32E NWNE 37 32.107693 N Lat, 103.642540	ı)			11. County or Parish, State  LEA COUNTY, NM				
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICATE	NATURE O	F NOTICE	, REPORT, OR OTI	HER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION							
☑ Notice of Intent	☐ Acidize☐ Alter Casing	☐ Deeper ☐ Hydrau	ı ılic Fracturing	☐ Produc ☐ Reclam	tion (Start/Resume) nation	☐ Water Shut-Off ☐ Well Integrity		
☐ Subsequent Report	Casing Repair	□ New C	onstruction	☐ Recom	plete	Other Production Facility		
☐ Final Abandonment Notice	Change Plans		nd Abandon		rarily Abandon	Changes		
	Convert to Injection	.□ Plug B		☐ Water	•			
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 only after all requirements, including reclamation.  EOG requests permission to use a portable Lact on the FEARLESS 26 FEDERAL COM CTB  Portable Lact #29  CORIOLIS SERIAL NUMBER: JC0A2F16000  Meter Code: 83F80-KQW2/0  LACT SERIAL NUMBER: 2775R  LACT MANUFACTURER- PMEC  PLEASE CONTACT BRYAN MICHALAK @ 210-551-5718 OR BRANDON FARRAR @ 432-488-9485 OR BRIAN FIEGL @ 432-425-4487 TO WITNESS THE PROVING								
Commi	# Electronic Submission For EOG RESOL itted to AFMSS for process	sing by DEBORA	H MCKINNEY	on 06/19/201	9 (19DLM0359SE)			
Name (Printed/Typed) KAY MAD	DOX		itle REGUL	ATORY SF	ECIALIST	<del> </del>		
Signature (Electronic S	Submission) Date			019				
	THIS SPACE FO	OR FEDERAL	OR STATE	OFFICE U	ISE			
Approved By		L	Γitle			Date		
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					

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.

