	Form 31-60-5 (June 2015) DE BI	UNITED STATES PARTMENT OF THE D UREAU OF LAND MANA	NTHRIGR GEMENT	sbad F	iel <i>a c</i>	OMB N Expires: Ja	APPROVED O. 1004-0137 anuary 31, 2018		
SUBMIT IN TRIPLICATE - Other instructions on provide BSS OCD  I. Type of Will Out Will G Gas Well G Other  SEP 2 4 2019  I. Well Name and No.  CAPELLA BOY RESOURCES INC E-Mail: Visiting agge@cgmsources.CE.FUE:D  Addres: A	SUNDRY	NOTICES AND REPO	RTS ON WI	GTD H		NNNN 121957			
1. Type of Well       SEP 2 4 2019       8. Well News 10 0 other         20 01 Well Case WellOdder       Center:: KRIETINA AGE       CAPELL ABOP FEDERAL 1         2. ECG Y RESOLUCES INC       E-Maik knisting agen@morestatestatestatestatestatestatestatesta		n. Qae Ionn 2100-0 (Ar i		noposais.		6. If Indian, Allottee of	or Tribe Name		
2. Nue of Operator EGG Y RESOURCES INC EVALUATE: KRISTINA AG EGG Y RESOURCES INC EVALUATE: KRISTINA AGE EGG Y RESOURCES INC EVALUATE: KRISTINA AGE 9. ATI VEVI No. 30:025:9522-00-51 10. Field at Protein of Exploritary Area DOUGLESS AGE 10. Field at Protein of Exploritary Area DOUGLESS AGE 10. Field at Protein of Exploritary Area DOUGLESS AGE 11. Course of Prints, State EGG V RESOURCES INC EVALUATE: TANK EVAL	SUBMIT IN 1	TRIPLICATE - Other Inst	tructions on	HOBBS	OCD	7. If Unit or CA/Agree	ement, Name and	i/or No.	
2. Name of Operator DEGG Y RESOURCES INC E-Mark Kristina agee@exercision PEGG Y RESOURCES INC INC E-Mark Kristina I. Councy or Prink. State LEA COUNTY, NM I.	**								
104 SOUTH 4TH STREET       Ph: 432-688-6996       LOST TANK         ARTESIA, NM 88210       I. County or Parish, State       LEA COUNTY, NM         3ec 9 T21S R32E SWSW 330FSL 330FWL       II. County or Parish, State       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       IVENTIAL COUNTY, NM         I2. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       IVENTIAL COUNTY, NM         I3. Describe Proposed or Completer       Acidize       Deepen       Production (StarVResume)       Water Shut-Off         I final Abandomment Notice       Change Plans       Plug and Abandon       Temporarily Abandon       Temporarily Abandon       Temporarily Abandon       Reclamation       Well Integrity         13. Describe Proposed or Completed Operation: Chearly state all perturbent details, including estimated starting date of any proposed work and approximate duration thereof.       If the proposal of the analysis of the analy	2. Name of Operator EOG Y RESOURCES INC	KRISTINA A							
4. Location of Well (Pootoge, Sec. T. R. M. or Survey Description)  5. Sec 9 T21S R32E SWSW 330FSL 330FWL  11. County or Parish, State LEA COUNTY, NM  12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  13. Octoor Intent  14. Actidize  15. Construction  15. Construction  16. Construction  17. Construction  17. Construction  17. Construction  17. Construction  18. County or Parish, State  19. Construction  19. Production (Start/Resume)  19. Water Shul-Off  20. Notice of Intent  21. Check THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  19. Construction  21. Cating Repair  22. Charge Plans  23. Describe Proposed or Completed Operation: Clearly state all periment details, including estimated stating date of any proposed work and approximate duration thereof.  23. Describe Proposed or Completed Operation: Clearly state all periment details, including estimated stating date of any proposed work and approximate data Data dates and and the order of the construction  23. Describe Proposed or Completed Operation: Clearly state all periment details, including estimated states and addre working and/or learly and one operation.  24. Completed File Proposed or Completed Proposed or Completed of proving the proposed and the operation there and const.  25. Acting the book and operation: Clearly state all perimeted to any after all requirements, including reclamation, have been completed and the operation:  25. Completed File Proposed or Completed Proposed or Completed Add Const Add Cons	104 SOUTH 4TH STREET	3b. Phone No. (include area code)							
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Subsequent Report       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Recompilete       Other         13. Describe Proposed or Completed Opension. Clearly state all pertinent details, including estimated stating data of any proposed work and approximate duration thereof.       If the proposal is to descend infectionally or ecomplete pertinent details, including estimated stating data of any proposed work and approximate duration thereof.         13. Describe Proposed or Completed Opension. Clearly state all pertinent details, including estimated stating data of any proposed work and approximate duration thereof.       If the proposal is to descend infectionality or ecompleted Fuel Monitometh Notice       Production (Start/Resume)       Verting advore Flat         13. Describe Proposed or Completed Opension. Clearly state all pertinent data is including redunmated data the state is including redunmation.       If the proposal is doesend infection is substatice locations and nearest data the vertical depts of all down with all down with all down in all down in all down in a percentage and one state of a percentage and one state of the down in all d		, R., M., or Survey Description	l V			11. County or Parish,	State		
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Notice of Inteni     Acidize     Acid	12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	I , REPORT, OR OTH	HER DATA		
Subsequent Report       Alter Casing       Hydraulic Fracturing       Reclamation       Well Integrity         Subsequent Report       Casing Repair       New Construction       Recomplete       Other Venting and/or Flar         ninal Abandonment Notice       Change Plans       Plug Back       Water Disposal       Well Integrity         Subsequent Report       Convert to Injection       Plug Back       Water Disposal       Well Subsequent Report         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 deeper directionally give subsequent reports must End led with 30 days following completion or recompletion or recompletion in a new interval, a Form 3160-4 must be filed once the state is ready for flaal inspection.       If the involved operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once the state is ready for flaal inspection.         EOG IS REQUESTING PERMISSION TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARE ON THE SPACE FOR FEDERAL 2H 3002539528         CAPELLA BOP FEDERAL 1 3002539528       Committed to AFMSS for processing by PRISCILLA PEREZ on 09/06/2019 (19P P30555E)         Name (Printed/Typed)       KRISTINA AGEE       Titde	TYPE OF SUBMISSION TYPE OF ACTION					ſ			
Alter Casing       Hydraulic Fracturing       Recomplete         Subsequent Report       Casing Repair       New Construction       Recomplete         Final Abandonment Notice       Casing Repair       New Construction       Recomplete         3. Describe Proposed of Completed Operation. Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.       Plug Back       Water Disposal         3. Describe Proposed of Completed Operation. Clearly state all pertinent details, including estimated starting date of any stoppised work and approximate duration thereof.       Final Abandonnent Notice       Plug Back         13. Describe Proposed of Completed Operation. Clearly state all pertinent details, including estimated starting date of any stoppised work and approximate duration thereof.       Final Abandonnent Notice must be filed only after all requirements, including reclamation, have been completed and the operator has determined that be site is ready for final inspection.       EOG IS REQUESTING PERMISSION TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARING 09/10/19-03/10/20 DUE TO MID-STREAM VOLATILITY         CAPELLA BOP FEDERAL 1 3002539528       Capellad BOP FEDERAL 1 3002539528         CapelLA BOP FEDERAL 2H 3002539529       Name (Printed/Typed)         Name (Printed/Typed)       KRISTINA AGEE       Title SR REGULATORY ADMINISTRATOR         Signature       (Electronic Submission)       Date 09/06/2019         Signature       (Electronic Submission)<	<b>57</b> Notice of Intent	🗖 Acidize	🗖 Dee	pen	Product	tion (Start/Resume)	UWater Shut-Off		
Canada Abandonment Notice     Canada Acpan     Canada Acpan     Convert to Injection     Plug Back     Water Disposal     Convert to Injection     Plug Back     Plug Back     Water Disposal     Convert to Injection     Plug Back     Plug Back     Water Disposal     Convert mass and conses     Canada Water Disposal     Convert to Injection     Plug Back	-	Casing Repair		•	🗖 Reclam	Reclamation		Other	
Initial Abaddonment Notice     Convert to Injection     Plug Back     Water Disposal     Convert to Injection     Plug Back     Water Disposal     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 decept directionally or recomplete horizontally, give subsurface locations and measured and user which the work will be performed or provide the Bond No. on file with ELMMARA. Required subsequent report must be filed within 30 days     following completion of the involved operations. If the operation results in a multiple completion or recompleted in a new thereval, a form 3160-4 must be filed within 30 days     following completion of the involved operations. If the operation results in a multiple completion or recompleted in a new thereval, a form 3160-4 must be filed within 30 days     following completion of the involved operations. If the operation results in a multiple completion or recompleted in a new therewal, a form 3160-4 must be filed only after all requirements, including reclamation, have been completed     into a Abandoment Notices     integrate the Abandoment Notices     integrate     integrate the Abandoment Notices     integrate     integrate the Abandoment Notices     integrate									
3. Describe Proposed or Completed Operation. Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. 17 the proposal is to depend 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 Nucleon file MUMBIA. Required subsequent reports must be filed on a dire with the work at the performed or provide the Bond Nucleon file MUMBIA. Required subsequent reports in a the file doiny after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final happendies filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final happendies. To FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARING 09/10/19-03/10/20 DUE TO MID-STREAM VOLATILITY CAPELLA BATT FL 90187025 CAPELLA BOP FEDERAL 1 3002539528 CAPELLA BOP FEDERAL 2H 3002539529  14. Thereby certify that the foregoing is true and correct. Electronic Submission #482175 verified by the BLM Weil Information System For EOG Y RESOURCES INK., sent to the Hobbs Committed to AFMSS for processing by PR SILLA PRERZ on 09/06/2019 (19PP30555E) Name (Printed/Typed) KRISTINA AGEE Title SR. REGULATORY ADMINISTRATOR Signature (Electronic Submission) Date 09/06/2019 THIS SPACE FOR FEDERAL OR STATE OFFICE USE /s/ Jonathon Shepard Approval By_/ S/ Jonathon Shepard Approval By_/ S/ Jonathon Shepard Approval By_/ S/ Jonathon Shepard Approval J, faxy, are attached. Approval of this notice does not warrant or rify that the applicant holds legal or equitable tile to those rights in the subject lease Orfice Com Title the applicant holds legal or equitable tile to those rights in the subject lease Orfice Com Title the applicant holds legal ore equ	Final Abandonment Notice					-	•		
Electronic Submission #482175 verified by the BLM Well Information System         Sometited to AFMSS for processing by PRESCULA PEREZ on 09/06/2019 (19PP3055SE)         Name (Printed/Typed)       KRISTINA AGEE       Title       SR. REGULATORY ADMINISTRATOR         Signature       (Electronic Submission)       Date       09/06/2019         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         /S/ Jonathon Shepard         Approved By	CAPELLA BOP FEDERAL 1 3	3002539528							
For EOG Y RESOURCES INC, sent to the Hobbs Committed to AFMSS for processing by PR SCILLA PEREZ on 09/06/2019 (19PP3055SE)         Name (Printed/Typed)       KRISTINA AGEE       Title       SR. REGULATORY ADMINISTRATOR         Signature       (Electronic Submission)       Date       09/06/2019         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         /s/ Jonathon Shepard       Title       SEP 1 8 2         onditions of approval, if any, are attached. Approval of this notice does not warrant or rify that the applicant to conduct operations thereon.       Office       Office         itle 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.       Marce 10	14. I hereby certify that the foregoing is	true and correct.	400475						<u> </u>
Name (Printed/Typed)       KRISTINA AGEE       Title       SR. REGULATORY ADMINISTRATOR         Signature       (Electronic Submission)       Date       09/06/2019         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         /s/ Jonathon Shepard       Title       SEP       1.8.2         Approved By       Onditions of approval, if any, are attached. Approval of this notice does not warrant or rifty that the applicant to conduct operations thereon.       Office       Office         itle 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.       Image: 10	Com	INC, sent to the	Hobbs	(100030559E)					
Introduction         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         /s/ Jonathon Shepard       Title       SEP 182         Approved By       Onditions of approval, if any, are attached. Approval of this notice does not warrant or rrify that the applicant holds legal or equitable title to those rights in the subject lease hich would entitle the applicant to conduct operations thereon.       Office       Office         itle 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.       Image 20									
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## **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.