| Form 3160-5 (June 2015) DE | UNITED STATE PARTMENT OF THE I | s NTE Carlsb | ad F | ield (| form OMB | APPROVED NO. 1004-0137 |
|--|---|---|--|---|---|---------------------------|
| 2 | UREAU OF LAND MANA NOTICES AND REPO | | CD I | Hobbs | Lease Serial No. NMNM121490 | |
| Do not use thi | is form for proposals to II. Use form 3160-3 (AP | drill or to re-enter | an | | 6. If Indian, Allottee | |
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | | 7. If Unit or CA/Agreement, Name and/or No. | |
| 1. Type of Well Ø Oil Well Gas Well Oth | NOV 1 8 2019 | | | 8. Well Name and No. RATTLESNAKE 28 FED COM 747H | | |
| 2. Name of Operator EOG RESOURCES INCORPO | EMILY FOLLIS | | | 9. API Well No. 30-025-44921-00-X1 | | |
| 3a. Address PO BOX 2267 MIDLAND, TX 79702 | 3b. Phone No. (include area code) Ph: 432-636-3600 | | | 10. Field and Pool or Exploratory Area RED HILLS-WOLFCAMP, WEST (GAS | | |
| 4. Location of Well (Footage, Sec., T |) | | | 11. County or Parish, State | | |
| Sec 28 T26S R33E NENE 840 32.019405 N Lat, 103.572746 | | | | LEA COUNTY, NM | | |
| 12. CHECK THE AF | PROPRIATE BOX(ES) | TO INDICATE NA | ATURE O | OF NOTICE, I | REPORT, OR OT | HER DATA |
| TYPE OF SUBMISSION | | TYPE OF ACTION | | | | |
| Notice of Intent | Acidize Deepen | | | Productio | on (Start/Resume) | U Water Shut-Off |
| | Alter Casing | Hydraulic Fracturin | | Reclamat | ion | Well Integrity |
| Subsequent Report | Casing Repair | New Construction | | 🗖 Recomple | ete | Other Drilling Operations |
| Final Abandonment Notice | Change Plans Convert to Injection | Plug and Abandon Plug Back | | Temporar Water Di | rily Abandon | Drining Operations |
| 10/03/19 20" CONDUCTOR @ 10/04/19 12-1/4" 10/04/19 Surface Hole @ 935' Casing shoe @ 920' MD Ran 9-5/8" 40# J-55 LTC Lead Cemented w/ 420 sx Cla cement to surface Resume dri 10/10/19 8-3/4" hole 10/10/19 Intermediate Hole @ 12,607' M Casing shoe @ 12,592' MD, 12 | MD, 933' TVD ss C (1.64 yld, 13.8 ppg) lling 8-3/4" hole |), Tested casing to | I,500 psig | , Circ 144 sx | | |
| 14. I hereby certify that the foregoing is | Electronic Submission # For EOG RESOU | IRCES INCORPORAT | ED, sent f | to the Hobbs | - | <u></u> |
| Committed to AFMSS for processing by PR Name(Printed/Typed) EMILY FOLLIS | | | SCILLA PEREZ on 11/06/2019 (20PP0299SE) Title SR REGULATORY ADMINISTRATOR | | | |
| | | | | | | |
| Signature (Electronic S | · · · · · · · · · · · · · · · · · · · | Date DR FEDERAL OR | 11/05/20 | | | |
| | | | | | <u></u> | |
| Approved By Conditions of approval, if any, are attached certify that the applicant holds legal or equ | subject lease | Jonathon Shepard Carlsbad Field Office | | | NQV 0 7 2019 | |
| which would entitle the applicant to conduct Fitle 18 U.S.C. Section 1001 and Title 43 [States any false, fortificity or foundulates | J.S.C. Section 1212, make it a | Crime for any person kn | owingly and | willfully to mak | e to any department o | or agency of the United |
| States any false, fictitious or fraudulent s (Instructions on page 2) | accinents or representations as | to any matter within its | urisaicaon. | · | | |
| ** BLM REVI | SED ** BLM REVISED |) ** BLM REVISE | D ** BLN | I REVISED | ** BLM REVISE | ED ** |