UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. | | | | | Lease Serial No. NMNM94115 If Indian, Allottee or Tribe Name | | | |
|--|--|---|--|--|--|--|--|--|
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | | 7. If Unit or CA/Agreement, Name and/or No. | | | |
| | THE EIGHTE GUICH MOU | - uotrono on | | | | | | |
| Type of Well | ner | | | | 8. Well Name and No. LAKEWOOD 28 FED COM 709H | | | |
| Name of Operator EOG RESOURCES INCORPO | Contact: DRATEDE-Mail: Star_Harre | STAR HARR II@eogresourc | ELL es.com | | 9. API Well No. 30-025-46854-0 | 0-X1 | | |
| 3a. Address 3b. Phone No. (include area c PO BOX 2267 Ph: 432-848-9161 MIDLAND, TX 79702 Ph: 432-848-9161 | | | |) | 10. Field and Pool or Exploratory Area PERMIAN | | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T25S R34E SESW 200FSL 2310FWL 32.094788 N Lat, 103.475967 W Lon | | | | | 11. County or Parish, State LEA COUNTY, NM | | | |
| 12. CHECK THE AF | PPROPRIATE BOX(ES) | TO INDICA | ΓE NATURE O | F NOTICE, | REPORT, OR OTH | HER DATA | | |
| TYPE OF SUBMISSION | | | TYPE O | F ACTION | | | | |
| ☐ Notice of Intent ☑ Subsequent Report | ☐ Alter Casing ☐ Hydraulic Fracturing ☐ Recl | | ☐ Product☐ Reclam☐ Recomp | | ☐ Water Shut-Off ☐ Well Integrity ☑ Other | | | |
| ☐ Final Abandonment Notice | ☐ Change Plans ☐ Convert to Injection | ☐ Plug | | □ Water I | | Drilling Operations | | |
| 13. Describe Proposed or Completed Ope If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab- determined that the site is ready for final | ally or recomplete horizontally, k will be performed or provide operations. If the operation resonandonment Notices must be file | give subsurface the Bond No. on sults in a multiple | ocations and measurable with BLM/BIA completion or reco | ared and true vol. Required sulpmpletion in a | ertical depths of all pertin bsequent reports must be new interval, a Form 316 | ent markers and zones. filed within 30 days 0-4 must be filed once | | |
| 11/10/20 Intermediate Hole @ Casing shoe @ 1,982' MD 7-5/8", 29.7#, ECP-110 MO-F. Stage 1: Cement w/ 425 sx Cl Good test casing to 2,650 psi Stage 2: Bradenhead squeeze Stage 3: Top out w/ 16 sx Clast Echometer | XL ass H (1.20 yld, 15.6 ppg) for 30 min - OK. Did not c w/ 1,000 sx Class C (1.4 |) irc cement to 11 yld, 14.8 pr | og) | - | | | | |
| Resume drilling 6 3/4? hole | | | | | | | | |
| | | | | | | | | |
| 14. I hereby certify that the foregoing is | true and correct. Electronic Submission #5 For EOG RESOU mitted to AFMSS for proce | RCES INCOR | PORATED, sent | to the Hobbs | • | | | |
| Name(Printed/Typed) STAR HARRELL Title SEN | | | | ENIOR REGULATORY SPECIALIST | | | | |
| Signature (Electronic S | Submission) | | Date 11/13/2 | 020 | | | | |
| | THIS SPACE FO | R FEDERA | L OR STATE | OFFICE U | SE | | | |
| Approved By ACCEPT | ED | | JONATHO _{Title} PETROEL | N SHEPAR UM ENGIN | | Date 12/16/2020 | | |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct to conduct the applicant to conduct the applicant to conduct the applicant to condu | itable title to those rights in the | | Office Hobbs | | | | | |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s | | | | | ake to any department or | agency of the United | | |

Revisions to Operator-Submitted EC Data for Sundry Notice #537245

Operator Submitted

BLM Revised (AFMSS)

Sundry Type:

DRG SR

Lease:

Agreement:

Operator: EOG RESOURCES INC

NMNM94115

P.O. BOX 2267 MIDLAND, TX 79702 Ph: 432-848-9161

Admin Contact:

STAR HARRELL

SENIOR REGULATORY SPECIALIST E-Mail: Star_Harrell@eogresources.com

Ph: 432-848-9161

Tech Contact:

STAR HARRELL

SENIOR REGULATORY SPECIALIST E-Mail: Star_Harrell@eogresources.com

Ph: 432-848-9161

Location:

State:

NM LEA COUNTY County:

BOBCAT DRAW; UP WCMP Field/Pool:

Well/Facility:

LAKEWOOD 28 FED COM 709H Sec 28 T25S R34E SESW 200FSL 2310FWL

32.094789 N Lat, 103.475965 W Lon

NMNM94115

DRG SR

EOG RESOURCES INCORPORATED

PO BOX 2267 MIDLAND, TX 79702 Ph: 432.686.3689

STAR HARRELL

SENIOR REGULATORY SPECIALIST E-Mail: Star_Harrell@eogresources.com

Ph: 432-848-9161

STAR HARRELL SENIOR REGULATORY SPECIALIST E-Mail: Star_Harrell@eogresources.com

Ph: 432-848-9161

NM LEA

PERMIAN

LAKEWOOD 28 FED COM 709H Sec 28 T25S R34E SESW 200FSL 2310FWL

32.094788 N Lat, 103.475967 W Lon

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an | | | | | NMNM94115 If Indian, Allottee or Tribe Name | | | |
|--|--|---|---|--|---|----------------------|---------------------------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | | 7. If Unit or CA/Agreement, Name and/or No. | | | |
| Type of Well ☐ Gas Well ☐ Oth | 8. Well Name and No. LAKEWOOD 28 FED COM 709H | | | | | | | |
| Name of Operator EOG RESOURCES INCORPO | Contact: | STAR HARRI I@eogresource | ELL es.com | | 9. API Well No. 30-025-46854-00-X1 | | | |
| 3a. Address PO BOX 2267 MIDLAND, TX 79702 | | 3b. Phone No. Ph: 432-84 | (include area code) 8-9161 | | Field and Pool or Exploratory Area PERMIAN | | | |
| 4. Location of Well (Footage, Sec., T | ., R., M., or Survey Description) | | | | 11. County or Parish, S | State | | |
| Sec 28 T25S R34E SESW 20 32.094788 N Lat, 103.475967 | | | | | LEA COUNTY, N | MM | | |
| 12. CHECK THE AF | PPROPRIATE BOX(ES) | TO INDICAT | ΓE NATURE OI | F NOTICE, | REPORT, OR OTH | IER D | ATA | |
| TYPE OF SUBMISSION | | | TYPE OF | ACTION | | | | |
| ☐ Notice of Intent | ☐ Acidize | ☐ Deep | oen | ☐ Product | action (Start/Resume) | | ater Shut-Off | |
| _ | ☐ Alter Casing | ☐ Hydi | raulic Fracturing | ☐ Reclama | ation | | ell Integrity | |
| Subsequent Report | □ Casing Repair | ☐ New | Construction | ☐ Recomp | olete | ⊠ O | ther ling Operations | |
| ☐ Final Abandonment Notice | ☐ Change Plans | _ | and Abandon | □ Tempor | arily Abandon | DIIII | ing Operations | |
| | ☐ Convert to Injection | ☐ Plug | Back | ☐ Water D | Disposal | | | |
| If the proposal is to deepen directions 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 11/20/20 Production Hole @ 2 Casing shoe @ 22,820' MD, 1 5-1/2", 20#, ICYP-110 TLW-SCement w/ 1,010 sx Class H (Plug did not bump, no casing | ck will be performed or provide operations. If the operation responded many performed or provide in the operation responded many performance of the operation o | the Bond No. on ults in a multiple d only after all r | file with BLM/BIA e completion or reco equirements, includi | . Required sub mpletion in a r ing reclamation | osequent reports must be new interval, a Form 3160, have been completed a | filed with 10-4 must | thin 30 days t be filed once | |
| RR 11/20/20 | | | | | | | | |
| Completion to follow | | | | | | | | |
| | | | | | | | | |
| 14. I hereby certify that the foregoing is | true and correct. Electronic Submission #5 For EOG RESOU mitted to AFMSS for proce | RCES INCOR | PORATED, sent t | o the Hobbs | • | | | |
| Name(Printed/Typed) STAR HA | RRELL | | Title SENIOF | REGULAT | ORY SPECIALIST | | | |
| Signature (Electronic S | Submission) | | Date 11/23/20 | 020 | | | | |
| | THIS SPACE FO | R FEDERA | L OR STATE (| OFFICE U | SE | | | |
| Approved By ACCEPT | ED | | JONATHO _{Title} PETROEL | N SHEPAR UM ENGINE | | | Date 12/16/2020 | |
| Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct the conductive transfer of the conductive trans | itable title to those rights in the | | Office Hobbs | | | | | |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s | U.S.C. Section 1212, make it a c | | | willfully to ma | ake to any department or | agency | of the United | |

Revisions to Operator-Submitted EC Data for Sundry Notice #538362

Operator Submitted

DRG SR

Lease: NMNM94115 NMNM94115

Agreement:

Sundry Type:

Operator: EOG RESOURCES INC EOG RESOURCES INCORPORATED

P.O. BOX 2267 MIDLAND, TX 79702 PO BOX 2267 MIDLAND, TX 79702 Ph: 432-848-9161 Ph: 432.686.3689

STAR HARRELL Admin Contact: STAR HARRELL

SENIOR REGULATORY SPECIALIST E-Mail: Star_Harrell@eogresources.com SENIOR REGULATORY SPECIALIST E-Mail: Star_Harrell@eogresources.com

BLM Revised (AFMSS)

DRG SR

Ph: 432-848-9161 Ph: 432-848-9161

STAR HARRELL Tech Contact:

STAR HARRELL SENIOR REGULATORY SPECIALIST SENIOR REGULATORY SPECIALIST E-Mail: Star_Harrell@eogresources.com E-Mail: Star_Harrell@eogresources.com

Ph: 432-848-9161 Ph: 432-848-9161

Location:

State:

NM LEA COUNTY NM LEA County:

BOBCAT DRAW; UP WCMP Field/Pool: **PERMIAN**

LAKEWOOD 28 FED COM 709H Sec 28 T25S R34E SESW 200FSL 2310FWL Well/Facility:

LAKEWOOD 28 FED COM 709H Sec 28 T25S R34E SESW 200FSL 2310FWL

32.094789 N Lat, 103.475965 W Lon 32.094788 N Lat, 103.475967 W Lon

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III

1000 Rio Brazos Rd., Aztec, NM 87410

Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 21735

CONDITIONS OF APPROVAL

| Operator: | | | OGRID: | Action Number: | Action Type: |
|-------------------|---------------|------------------|--------|----------------|--------------|
| EOG RESOURCES INC | P.O. Box 2267 | Midland, TX79702 | 7377 | 21735 | C-103N |

| OCD Reviewer | Condition |
|--------------|-----------|
| ksimmons | None |