Form 3160-5 (August 1999)

## **TED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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FORM APPROVED CISP OMB NO. 1004-0135 pires: November 200 Expires: November 30, 2000

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an					NM14847 6. If Indian, Allottee or Tribe Name		
abandoned well. Use Fon	m 3160-3 (APD) for 	such proposals.					
SUBMIT IN TRIPLICATE -	Other instructions	on reverse side	181920	<b>I</b>	it or CA/Agreement, N	lame and/or	
1. Type of Well		(3)6	4 18 19 20	· <2>	Name and No.		
Oil Well X Gas Well Other  2. Name of Operator	· · · · · · · · · · · · · · · · · · ·		<u> </u>	— 💝 Warp S	peed 7 Feder al	Com #2	
EOG Resources Inc.			iai¥ 2002			<del></del>	
3a. Address		3b. Phone No. (inc.	lline area con		Well No. -25628		
P.O. Box 2267 Midland, Texas 79702		915 686	ARTES		d and Pool, or Explorat	ory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey I	Description)	\0		Empire	South Morrow		
526 FWL & 1985 FNL, U/L E Sec 7, T-17-S, R-29-E		7.90	٠٠. ١٠٠٠	g Charles	nty or Parish, State		
Jec 7, 1-17-5, X-23-E				Eddy	•	NM	
12. CHECK APPROPRIATE	BOX(ES) TO IND	DICATE NATURE	OF NOTIC			WI	
TYPE OF SUBMISSION		······································	TYPE OF				
						<del></del>	
X Notice of Intent	Acidize	Deepen		Production (Start/Resu	me) Water Shut-	-Off	
Subsequent Report	Alter Casing	Fracture Trea	ıt 📙	Reclamation	Well Integrit	y	
The state of the s	Casing Repair	New Constru	ction	Recomplete	Other		
Final Abandonment Notice		Plug and Aba	ndon	Temporarily Abandon			
	Convert to Injection	on Plug Back		Water Disposal			
following completion of the involved operations. I testing has been completed. Final Abandonment Metermined that the final site is ready for final inspector.  A change is requested in the case will be used depending upon if support experienced loss of circulation.	notices shall be filed on tion.)  ing and cementing evere lost circum.	ng program. On ulation proble	nts, including e of the ms are en	reclamation, have be following two countered. The	en completed, and the options e prior well	operator ha	
to heal up the losses, the casin	g program from (	Option 1 will :	be used.	If loss of cir	culation is se	vere	
and returns cannot be established	d, the casing p	rogram for Opt	ion 2 wil	l be used.			
Option 1:							
Hole Size Depth Casing Size	Casing Wt.	Casing Grade	Cement	Estimated TO	c		
7 7/8" 0'-TD 5 1/2"	17#, LTC	P-110	1475 sx	Surface			
Option 2:							
Hole Size Depth Casing Size	Casing Wt.	Casing Grade	Cement	Estimated TO	c	1	
-	_	J		APPR	DVED		
7 7/8" 0'-9400' 7"	23#, SIL	HCP-110	805 sx	Surface			
6 1/8" 0'-TD 4 1/2"	11.6#, LTC	P-110	465 sx	Surface			
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		Title					
Stan Wagner		Re	gulatory	Administrator	PASK Examplement		
Stan Man.	-		5/02				
THIS	SPACE FOR FED			ISF		<del></del>	
Approved by		Title			Date		
Conditions of approval, if any, are attached. Approval of	this notice does not wa	arrant or Office					
certify that the applicant holds legal or equitable title to	those viable in the auti	oat lacasi					

which would entitle the applicant to conduct operations thereon.