Form 3160-5 (August 1999)

TED STATES DEPART NT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000
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Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE -	Other instruction	s on reverse side	Shirt -	7. If Unit or CA/Agreement, Name and/or
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator		\$516.17 P		8. Well Name and No
EOG Resources Inc.		,	$\frac{cc}{cc}$	² 9. API Well No.
3a. Address		3b. Phone No. (include ar	en tode)	30-015-25628
P.O. Box 2267 Midland, Texas 7970		915 686 3689	54.12 V	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey	Description)			Empire South Morrow
526 FWL & 1985 FNL, U/L E Sec 7, T-17-S, R-29-E			-	11. County or Parish, State Eddy NM
12. CHECK APPROPRIATE	BOX(ES) TO INI	DICATE NATURE OF N	OTICE, REPO	
TYPE OF SUBMISSION		·	E OF ACTION	
			L OF ACTION	
Notice of Intent	Acidize	Deepen	Production	(Start/Resume) Water Shut-Off
	Alter Casing	Fracture Treat	Reclamation	1 Well Integrity
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other Re-entry
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily	
1 diai Abandonii Ent Notice	Convert to Injecti	on Plug Back	Water Dispo	
Attach the Bond under which the work will be perfollowing completion of the involved operations. It testing has been completed. Final Abandonment 1 determined that the final site is ready for final inspect of the second	Notices shall be filed or ction.) drill out of ceugs 0'-50', 50'	ment plugs. BIM (Du -500'. TIH tagged c Resumed drill out	ncan) on signment @ 2260 of cement @	ew interval, a Form 3160-4 shall be filed one, have been completed, and the operator hate.
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Stan Wagner			ory Adminis	trator
- Stan Wagaer		Date 12/02/200		
THIS	SPACE FOR FED	ERAL OR STATE OFF	ICE USE	
Approved by	-	Title		Date
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	those rights in the subi	arrant or Office ect lease		