Form 3160-5 (February 2005)

1. Type of Well

3a Address

X Oil Well

2. Name of Operator

EOG Resources Inc.

Gas Well

P.O. Box 2267 Midland, Texas 79702

Other

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

CCD-ARTEMA

3b. Phone No. (include area code)

432-686-3689

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

Lease Serial No

8 Well Name and No

9. API Well No.

30-015-36071

Sand Tank 10 Fed 1

NM 01159

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

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6. If Indian, Allottee or Tribe Name

10. Field and Pool, or Exploratory Area

7. If Unit or CA/Agreement, Name and/or No.

4. Location of Well (<i>Foolage</i> , Sec., 1., R., M., or Survey I	Sa	Sand Tank; Bone Spring			
Sec 10, T18S, R30E			1	County or Parish	, State
12. CHECK APPROPRIATE	BOX(ES) TO INDICAT	TE NATURE OF N			
TYPE OF SUBMISSION		TYP	E OF ACTION		
Notice of Intent X Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (State Reclamation Recomplete Temporarily Abs		Water Shut-Off Well Integrity Other Casing
13. Describe Proposed or Completed Operation (clearly If the proposal is to deepen directionally or recomp Attach the Bond under which the work will be per following completion of the involved operations. I testing has been completed. Final Abandonment N determined that the final site is ready for final inspect 2/6/08 Spud. Ran 9 jts 11 3/4", 42 #, Cemented w/ 500 sx Class Circulated 250 sx to sur: 2/7/08 Tested casing to 1000 ps:	lete horizontally, give subsurfa formed or provide the Bond N f the operation results in a mu- lotices shall be filed only after tion.) H-40 casing set at C, 14.8 ppg, 1.35 y face. WCC 24 hrs.	nce locations and meas No. on file with BLM/l ltiple completion or re- r all requirements, incl 390'.	ared and true vertical BIA. Required subsection in a new i	depths of all perting quent reports shall interval, a Form 31	ent markers and zone be filed within 30 day 60-4 shall be filed one
			ACCEPTE		CORD
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Stan Wagney] 7	ritle Regulat	gulatory And IREALU OF LAND MANAGE!		GEMENT
Signature Han Wayn	Ι	Date 2/11/08	CARLSBAD FIELD OFFICE		
THIS	SPACE FOR FEDERAL	. OR STATE OFFI	CE USE	1	
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 Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section	those rights in the subject leasereon.	se onice	Luulleillu ta mal- t-	l .	- Called State of the Allerian
States any false, fictitious or fraudulent statements or repre	esentations as to any matter wit	y person knowingly and thin its jurisdiction.	willfully to make to	any department or	agency of the United