## UNITED STATES DEPARTMENT OF THE INTERIOR BURFALLOF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 201

SUBMIT IN TRIPLICATE - Other instructions on policy BBS OCU  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Gas Well   Other   Consists: EMILY FOLLS  1. Type of Well   Final And Property   Consists   Consi	Dr Ri		nuary 31, 2018					
SUBMIT IN TRIPLICATE - Other Instructions on page 3BS OCD   1. Type of Well   Gas Well   Other   OCT 1 0 2018   S. Well Name and/or No. MINIMIN 133487   Well   Gas Well   Other   OCT 1 0 2018   S. Well Name and No. MINIMIN 13487   S. Well Name and No. Application of the Contact   S. Well Name and No. Application of the Name and No. Application of the Name and Nam	BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON THE PROPERTY OF THE PR					5. Lease Serial No.		
1. Type of Well   Gas Well   Other   Other   OCT 1 0 2018   S. Well Nime and No. MMM/M33487   S. Well Nime and No. MMM/M33487   S. Well Nime and No. MMM/M33487   S. Well Nime and No. Contact. EMILY FOLIS.   S. Well Nime and No. MMM/M33487   S. Well Nime and No. Contact. EMILY FOLIS.   S. Well Nime and Nime	Do not use thi	s form for proposals to	drill or to re-e	nter an	riciu	6 If Indian Allottee of	r Trihe Name	
1. Type of Well   Gas Well   Other   Other   OCT 1 0 2018   S. Well Nime and No. MMM/M33487   S. Well Nime and No. MMM/M33487   S. Well Nime and No. MMM/M33487   S. Well Nime and No. Contact. EMILY FOLIS.   S. Well Nime and No. MMM/M33487   S. Well Nime and No. Contact. EMILY FOLIS.   S. Well Nime and Nime	abandoned wei	II. Use form 3160-3 (AP	D) for such pro	'PCSC'D	Hobb	S	THE Name	
Solid Well   Gas Well   Other   Contact   EMILY FOLLIS	SUBMIT IN					7. If Unit or CA/Agree	ment, Name and/or No.	_
2. Name of Coemitor Committee Committee Fill Follow (Committee Committee Com	• •			0CT 1 0 2018 8. Well Name and No. RED HILLS FED COM 11 25 33 1H				
3b. Phone No. (include area code)   10. Field and Pool of Exploratory, Area RED HILLS-BONE SPRING, NORTH MIDLAND, TX 79702   11. County or Parish, State   11. County or Parish, State   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA   12. CHECK THE APPROPRIATE BOX (ESTIVATION OF THE PROPRIATE STATE APPROPRIATE BOX (ESTIVATION OF THE PROPRIATE STATE APPROPRIATE STATE APPRO	2. Name of Operator	Contact:	EMILY FOLLIS			9. API Well No.		
MIDLAND, TX 79702  4. Location of Well (Prosuge, Sec. T., R., M. or Survey Description)  Sec 11 T25S R33E NENE 430FNL 340FEL 32.151012 N Lat, 103.535239 W Lon  12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  Alter Casing   Deepen   Production (Start/Resume)   Water Shut-Off	EOG RESOURCES INCORPO	ORATEDE-Mail: emily_follis	@eogresources.	COMRECE	IVED	30-025-41848-0	0-S1	
## Location of Well (Frouge, Sec. T. R., M., or Survey Description)  4. Location of Well (Frouge, Sec. T. R., M., or Survey Description)  12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. Observe the Control of Submission of Survey Description (Start/Resume)   Water Shut-Off					)			
Sec 11 T25S R33E NENE 430FNL 340FNL 340FEL 32 151012 N Lat, 103.535239 W Lon	MIDLAND, TX 79702							•
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent   Acidize	4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, State				
TYPE OF SUBMISSION  TYPE OF ACTION    Acidize				LEA COUNTY, NM				
Notice of Intent   Acidize   Deepen   Production (Start/Resume)   Water Shut-Off	12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICAT	E NATURE C	F NOTICE,	REPORT, OR OTH	ER DATA	
Notice of Intent	TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent		☐ Acidize	☐ Deene		☐ Product	ion (Start/Resume)	☐ Water Shut-Off	_
Casing Repair	☑ Notice of Intent	_			_	,		
Interest	☐ Subsequent Report	☐ Casing Repair	□ New (	Construction	☐ Recomp	olete		
Convert to Injection   Plug Back   Water Disposal	☐ Final Abandonment Notice	☐ Change Plans	Plug a	nd Abandon	☐ Tempor	arily Abandon	•	i
If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandomnent Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.  EOG IS REQUESTING PERMISSION TO FLARE ON THE BELOW LISTED WELLS. GAS WILL BE MEASURED PRIOR TO FLARING 09/27/18-03/27/2019 HLP- DCP  RED HILLS 11 CTB FL 60387080  RED HILLS 11-25-33 FC 1H 3002541848  14. 1 hereby certify that the foregoing is true and correct.  Electronic Submission #437358 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sent to the Hobbs  Committed to AFMSS for processing by PRISCILLA PEREZ on 09/28/2018 (18PP1995SE)  Name (Printed/Typed) EMILY FOLLIS  Title SR REGULATORY ADMINISTRATOR  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  //s/ Jonathon Shepard  Approved By  Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease  Carlsbad Field Office		☐ Convert to Injection	🗖 Plug I	Back	□ Water I	Disposal	ng.	
Committed to AFMSS for processing by PRISCILLA PÉREZ on 09/28/2018 (18PP1995SE)  Name (Printed/Typed) EMILY FOLLIS Title SR REGULATORY ADMINISTRATOR  Signature (Electronic Submission) Date 09/27/2018  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved By Sylvanta of this notice does not warrant of certify that the applicant holds legal or equitable title to those rights in the subject lease Carlsbad Field Offices	following completion of the involved testing has been completed. Final At determined that the site is ready for fi EOG IS REQUESTING PERN FLARING 09/27/18-03/27/201  RED HILLS 11 CTB FL 60387  RED HILLS 11-25-33 FC 1H 3	rue and correct. Electronic Submission #	sults in a multiple ed only after all re-	completion or recipients, including the second seco	ompletion in a inding reclamation	new interval, a Form 3166 n, have been completed a BE MEASURED PF	0-4 must be filed once and the operator has	
Signature (Electronic Submission)  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved By  Conditions of approval, if any, are attached. Approval of this notice does not warrant of certify that the applicant holds legal or equitable title to those rights in the subject lease  Carlsbad Field Offices		mitted to AFMSS for proc	essing by PRISC	CILLA PÉREZ o	on 09/28/2018	(18PP1995SE)		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE  /s/ Jonathon Shepard  Approved By  Conditions of approval, if any, are attached. Approval of this notice does not warrant of certify that the applicant holds legal or equitable title to those rights in the subject lease  Carlsbad Field Office								_
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certify that the applicant holds legal or equitable title to those rights in the subject lease Carspad Field Office	Approved By		881	11 601 6	leum E	ngineer	<b>— РСБ</b> ат <b>.</b> О 4 201	<u>=</u>
	certify that the applicant holds legal or equ	itable title to those rights in the		Carlsb	ad Fie	ld Office		

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2) \*\* BLM REVISED \*\*

muspoch 10/11/2018

## **BUREAU OF LAND MANAGEMENT**

Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

## **Conditions of Approval to Flare Gas**

- 1. Approval not to exceed 180 days from date of submission.
- 2. All flaring under this request is considered to be "avoidably lost". Volumes for avoidably lost gas shall be reported on OGOR "B" reports as disposition code "33".

## **Exceptions:**

- a. The first 24 hours of a temporary emergency flare is considered "unavoidably lost" and is therefore royalty free. Flared volumes that are considered unavoidably lost are not to be included in Sundry Notice (Form 3160-5). These Volumes are not royalty bearing and shall be reported on OGOR "B" as either disposition code "21" or "22".
- b. If the operator believes that the flared volumes were "unavoidably lost", the operator can submit a request via Sundry Notice (Form 3160-5) with justification for an exception in accordance with 43 CFR 3179.4, 3179.103 3179.105.