

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N.M. Oil Cons. DIV-Dist. 2  
1801 W. Grand Avenue  
Artesia, NM 88210

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

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

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

EOG Resources Inc.

3a. Address

P.O. Box 2267 Midland, Texas 79702

3b. Phone No. (include area code)

432 686 3689

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FSL & 768 FWL, U/L M Sec 18, T17S, R25E

660 FNL & 760 FWL, U/L D Sec 18, T17S, R25E

5. Lease Serial No.

NNM 93181

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Yukon 18 Fed Com 1

9. API Well No.

30-015-34203

10. Field and Pool, or Exploratory Area

Collins Ranch; Wolfcamp NE

11. County or Parish, State

Eddy NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

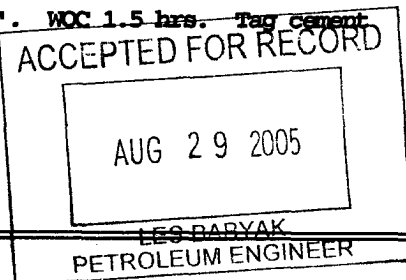
TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | <u>Spud &amp; Casing</u>                  |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

8/4/05 Spud @ 3:00 PM

8/6/05 Ran 20 jts 8 5/8", 26#, J55 casing set @ 864'. Cemented w/ 75 sx POZ Class C + additives 12.8 ppg, 1.89 cu.ft./sx lead slurry; 200 sx Class C + additives, 14.8 ppg, 1.34 cu.ft./sx. No returns 1st stage. Cement w/ 200 sx 35:65 Class C + additives, 12.8 ppg, 1.89 cu.ft./sx lead slurry, 200 sx Class C + additives, 14.8 ppg, 1.34 cu.ft./sx. No returns. WOC for temp survey. TOC @ 422'. Ran 1" pipe to 247'. WO HLM representative Paul Swartz. Pump 25 sx Class C + 4% CaCl2. WOC 2hrs. Pump 50 sx Class C + 4% CaCl2 + 2.25 PPB CEMENT. WOC 2 hrs. Tag cement @ 225'. Pumped 50 sx Class C + 4% CaCl2. WOC 2 hrs. Tag cement @ 190'. Pumped 50 sx Class C + 4% CaCl2. WOC 2 hrs. Tag cement @ 188'. Pumped 50 sx Class C + 4% CaCl2. WOC 3 hrs. 8/7/05 Tag cement @ 142'. Pumped 50 sx Class C + 4% CaCl2. Tag @ 142'. WOC 1.5 hrs. Tag cement @ 85'. Pumped 50 sx Class C + 4% CaCl2. CIRC 12 sx. 8/8/05 Tested casing to 2000 psi for 30 min. Test good.



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Stan Wagner

Title

Regulatory Analyst

Date 8/25/05

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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 which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.