SUBMIT IN TRIPLICATE - Other instructions on page 2 7. If Unit or CA/Agreement, Nam I. Type of Well 8. Well Name and No. RIO PECOS KO FEDERAL 1 2. Name of Operator EOG VRESOURCES, INC. Contact: LAURA WATTS EOG Y RESOURCES, INC. 9. API Well No. 30.015-22899 3a. Address 104 SOUTH FOURTH STREET ARTESIA, NM 88210 3b. Phone No. (include area code) Ph: 575-748-4272 Fx: 575-748-4272 10. Field and Pool or Exploratory WiLDCAT; BONE SPRIN 4. Location of Well (Foolage, Sec., T., R., M., or Survey Description) 11. County or Parish, State EDDY COUNTY, NM Sec 28 T18S R27E NENE 660FNL 1300FEL TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION TYPE OF ACTION OPerator Construction (Start/Resume) Wate Contact: LAURA WATTS Subsequent Benert			NMO	CD		
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