Form 3150-5 (June 2015)

1. Type of Well

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMEN DAO FIELD OFFICE

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS A PLOSIE Do not use this form for proposals to drill on to re-cater an I CSIE abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on page 2

Lease Serial No. NMNM99034

| 6. If Indian, Allottee or Tribe Name        |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| 7. If Unit or CA/Agreement, Name and/or No. |  |  |  |  |  |  |
| 8. Well Name and No.                        |  |  |  |  |  |  |

| Oil Well Gas Well Other                   |   |
|---|---|
| . Name of Operator<br>EOG Y RESOURCES INC | Contact: KRISTINA AGEE E-Mail: kristina_agee@eogresources.com |
| 4 11                                      | 2h Dhana Na (ingluda  |

API Well No 30-015-28577-00-C1

3a. Address 104 S 4TH STREET ARTESIA, NM 88210

. Phone No. (include area code) Ph: 432-686-6996

 Field and Pool or Exploratory Area NASH DRAW-DELAWARE PIERCE CROSSING-BONE SPRING

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

Sec 4 T24S R29E SENW 1780FNL 1650FWL

11. County or Parish, State EDDY COUNTY, NM

| 12. | CHECK THE A | PPROPRIATE BO | K(ES | TO ( | INDICATE NATURE | OF NOTICE | , REPORT, OR | OTHER DATA |
|-----|-------------|---------------|------|------|-----------------|-----------|--------------|------------|
|-----|-------------|---------------|------|------|-----------------|-----------|--------------|------------|

| TYPE OF SUBMISSION                             | TYPE OF ACTION         |                        |                             |                      |  |  |
|--|------------------------|------------------------|-----------------------------|----------------------|--|--|
| Notice of Intent                               | ☐ Acidize              | ☐ Deepen               | ☐ Production (Start/Resume) | ☐ Water Shut-Off     |  |  |
| ☐ Subsequent Report ☐ Final Abandonment Notice | ☐ Alter Casing         | ☐ Hydraulic Fracturing | □ Reclamation               | Well Integrity       |  |  |
|  | □ Casing Repair        | ■ New Construction     | □ Recomplete                | ☑ Other              |  |  |
|  | ☐ Change Plans         | ☐ Plug and Abandon     | □ Temporarily Abandon       | Venting and/or Flari |  |  |
|  | ☐ Convert to Injection | ☐ Plug Back            | ☐ Water Disposal            |                      |  |  |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work 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 Abandonment 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 05/5/19-11/5/19 DUE TO MID-STREAM VOLATILITY

JUNIPER BIP FED 5-10 FL 90187091

JUNIPER BIP FED 05/BONE SPRING 3001528577 JUNIPER BIP FED 05/DELAWARE 3001528577 JUNIPER BIP FED 06Y 3001537076 JUNIPER BIP FED 08H 3001537252

Accepted for record

JUN 2.5 2019

RECEIVED

DISTRICTII-ARTESIA O.C.D.

| 14. I hereby certify that the | ne foregoing is true and correct.  Electronic Submission #463156 verifie  For EOG Y RESOURCES  Committed to AFMSS for processing by PR | NC, se | nt to the Carlsbad           |
|-------------------------------|--|--------|------------------------------|
| Name (Printed/Typed)          | KRISTINA AGEE  | Title  | SR. REGULATORY ADMINISTRATOR |
|                               |  |        |                              |
| Signature                     | (Electronic Submission)  | Date   | 04/26/2019                   |
|                               | THIS SPACE FOR FEDERA  | AL OR  | STATE OFFICE USE             |

| Approved By         | roved By          |                 |  |  |  |  |  |
|---------------------|-------------------|-----------------|--|--|--|--|--|
| Conditions of appro | oval, if any, are | attached. Appro |  |  |  |  |  |

Petroleum Engineer

JUN 2 1 2019

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, 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

### **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" per 43 CFR 3179.4(a)(2)(i iii). 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 (43 CFR 3179.103(a)). 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, 3179.101 3179.104.