Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

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

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NM	2075
INM	47/2/

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

6. If Indian, Allottee or Tribe Name

abandoned well. Use Fo	rm 3160-3 (APD) for si	uch proposals.]			
SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or N			
1 Type of Well Oil Well X Gas Well Other 2. Name of Operator					8. Well Name and No. Dakota Federal 30 1		
EOG Resources Inc.	OCD-ARTI	SIA		9. API Well No	^		
3a Address 3b. Phone No. (include at		o. Phone No. (include ar	ea code)	30~015–36017			
P.O. Box 2267 Midland, Texas 7970		432-686-3689			Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R, M., or Survey	Description)			Malaga; Mo	orrow, West (Gas)		
1140' FSL & 720' FEL, U/L P							
Sec 30, T24S, R28E			11. County or Parish, State				
				Eddy	NM		
12. CHECK APPROPRIATE	BOX(ES) TO INDIC			ORT, OR OT	HER DATA		
TYPE OF SUBMISSION		TYF	PE OF ACTION				
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off		
_	Alter Casing	Fracture Treat	Reclamatio	n	Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other		
	1 = ' '	=	= :				
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarsl	y Adandon	Spud & Casing		
	Convert to Injection	Plug Back	Water Disp	osal			
1/2/08 Spud 1/3/08 Ran 17 jts 13 3/8", 48 # Cermented w/ 100 sx RFC, Did not circulate. Ran to 1/4/08 Pumped 50 sx Class C through RIH and tagged TOC at 400 Pumped 50 sx Class C. W RIH and tagged TOC at 310 Pumped 50 sx Class C. W RIH and tagged TOC at 273 Pumped 150 sx RFC, 100 ss RIH and tagged TOC at 950 Pumped 75 sx Class C. Cd 1/5/08 Tested casing to 2000 psi	14.2 ppg, 1.62 yie temp survey, TOC at ough 1" pipe. WOC. 6'. OC. 6'.	ld; 675 sx Class 390'. surface.		ACCEPT JA PETRI	ED FOR RECORD IN 1 8 2008 LES BABYAK OLEUM ENGINEER		
BIM representative on loc	cation to witness.			re co	the second section of the section of the second section of the se		
14 I hereby certify that the foregoing is true and correct Name (Printed Typed)	1	Title					
Stan Wagner		Regulat	ory Analyst				
Signature Stan Wagn		Date 1/7/08					
THIS	S SPACE FOR FEDERA	AL OR STATE OFF	ICE USE				
Approved by		Title		Dat	e		
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	those rights in the subject k	t or Office					