Form 3160-5 (February 2005)

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

OCD-ARTESIA

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

5. Lease Serial No

| 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. | | | MM 111400 (SL) NM 2346 (BHL) 6. If Indian, Allottee or Tribe Name | | |
|---|--|---|---|------------------------------|--------------------------------------|
| SUBMIT IN TRIPLICATE - (| Other instructions | on reverse side | | 7. If Unit or CA | /Agreement, Name and/or |
| 1. Type of Well Oil Well X Gas Well Other APR 2 9 2008 | | | | 8 Well Name and No. | |
| 2 Name of Operator EOG Resources Inc. | | OCD-ARTESIA | | Robinson HW Fed Com 2H | |
| 3a Address P.O. Box 2267 Midland, Texas 79702 | | 3b. Phone No. (include area code) 432-686-3689 | | 9 API Well No 30-015-358: | |
| 4 Location of Well (Footage, Sec., T., R., M., or Survey L 910' FS1 & 510' FEL, U/L P | | | | Cottonwood | Creek; WC, West |
| Sec 24, 16S, 24E | | | | 11. County or i | Parish, State |
| 12. CHECK APPROPRIATE | BOX(ES) TO INC | DICATE NATURE OF | NOTICE, REI | PORT, OR OTH | IER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | |
| Notice of Intent Subsequent Report | Acidize Alter Casing Casing Repair | Deepen Fracture Treat New Construction | Production Reclamate | Γ | Water Shut-Off Well Integrity Other |
| Final Abandonment Notice | Change Plans | Plug and Abandon | Tempora | rily Abandon | Spud & Casing |
| I mai soundoment rouce | Convert to Injection Plug Back Water D | | | | |
| following completion of the involved operations. If testing has been completed. Final Abandonment N determined that the final site is ready for final inspect. 4/8/08 Spud Ran 23 jts 8-5/8", 32 #, Cemented w/ 200 sx Prem P. 400 sx 35/65 POZ C, 12.7 p. Did not circulate. 4/9/08 Ran temperature survey, To Pumped 450 sx Class C thru | J-55 L/TC casing lus, 12.0 ppg, 200g, 2.02 yield | set at 933'. 2.36 yield; 100 sx; 400 sx Prem Plus | Class H, 1, 14.8 ppg, | 4.6 ppg, 1.5 | oppleted, and the operator h |
| Pumped 450 sx Class C thro RIH and tagged at 152'. I Tested casing to 1000 psi | Pumped 260 sx C for 30 min. To | lass C. Circulate | | APR 2 ABUREAU OF LAN | 7 2008 ID MANAGEMENT |
| 14 I hereby certify that the foregoing is true and correct | | Title | | CARLSDAD (| IELD OFFICE |
| Name (Printed/Typed) Stan Wagner | | Regula | tory Analys | st | |
| Signature Stan Was | | Date 432-686- | | | |
| // THIS | SPACE FOR FED | ERAL OR STATE OF | FICE USE | | |
| Approved by | | Title | | Date | |
| Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to twhich would entitle the applicant to conduct operations the | those rights in the subje | arrant or Office Acc | epted for rec | ord - NMOCD | |