Form	3160-5
(June	2015)

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

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

5. Lease Serial No. NMNM82845

6.	If Indian,	Allottee or	Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well    Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Image: Second state of Well Image: Second state of Well   Imag				8. Well Name and No. POLO AOP FEDERAL 6			
2. Name of Operator EOG Y RESOURCES INC Contact: MIRIAM MORALES E-Mail: Miriam_Morales@eogresources.com					9. API Well No. 30-015-28871		
3a. Address3b. Phone No. (include area code)104 S FOURTH STREETPh: 575-748-4200ARTESIA, NM 88210Ph: 575-748-4200					10. Field and Pool or Exploratory Area N SEVEN RIVERS;GLO-YESO		
4. Location of Well (Footage, Sec., T.		<u></u>		11. County or Parish, State			
Sec 10 T19S R25E SWSE 660FSL 1980FEL					EDDY COUNTY	Υ, NM	
12. CHECK THE AF	PROPRIATE BOX(ES) T	O INDICAT	E NATURE OI	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	🗖 Acidize	🗖 Deepo	en	Product	tion (Start/Resume)	UWater Shut-Off	
_	Alter Casing	🗖 Hydra	ulic Fracturing	🗖 Reclam	ation	Well Integrity	
🛛 Subsequent Report	🗖 Casing Repair	🗖 New (	Construction	🗖 Recomp	olete	🛛 Other	
Final Abandonment Notice	Change Plans	🗖 Plug a	and Abandon	Tempor	arily Abandon		
	Convert to Injection	🗖 Plug I	Back	🗖 Water I	Disposal		
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 on 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. The information below was requested as per COA to flare on previously approved applications. Total flare amounts per month for 2017 for the Polo AOP Federal battery (Unit J)which includes: Polo AOP Federal #6: 30-015-28871 Polo AOP Federal #1: 30-015-28170 Apollo APU Federal #3: 30-015-28431 (NMNM023855B) Jan:0 Feb:0 Mar:0 14. Thereby certify that the foregoing is true and correct. Electronic Submission #375372 verified by the BLM Well Information System							
Name (Printed/Typed) MIRIAM M	For EOG Y RI Committed to AFMSS for pr	ESOURCES N ocessing by [	C, sent to the C EBORAH MCKI	arlsbad /	14012917 POR RE	CORD	
Signature (Electronic S	Submission)		Date 05/08/20	017		DAMAN -	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved By	· · · · · · · · · · · · · · · · · · ·		Title	FUE	AU OF LAND MANAY ARLSBAD FIELD OFF	MERE Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivily which would entitle the applicant to condu	Office						
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212, make it a ci	rime for any pers	on knowingly and	willfully to m	ake to any department or	agency of the United	

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*