Form 3160-5 (September 2001)

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

SUNDRY NOTICES AND REPORTS ON WELLS

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FORM APPROVED OMB NO. 1004-0135 Expires January 31, 2004

5 Lease Serial No

NMNM 01159

Do not use this form for abandoned well. Use For	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE -	Other instructions on reverse side	7. If Unit or CA/Agreement, Name and/or N
1 Type of Well X Oil Well Gas Well Other 2. Name of Operator	JUN 27 2008	8. Well Name and No. NELSON 3 FEDERAL #10
EOG RESOURCES, INC. 3a Address	OCD-ARTESIA 3b. Phone No. (<i>unclude d</i>	9 API Well No 30–015–27490
P.O. BOX 2267, MIDIAND, TEXAS 7970 4 Location of Well (Footage, Sec., T., R., M., or Survey 660' FSL & 1,830' FEL		9 10. Field and Pool, or Exploratory Area WALTERS LAKE (BONE SPRING)
SEC. 03, TWP. 16S, RGE. 33E		11. County or Parish, State EDDY NM
12. CHECK APPROPRIATE	BOX(ES) TO INDICATE NATURE OF	NOTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	T	PE OF ACTION
Notice of Intent	Acidize Deepen Alter Casing Fracture Treat	Production (Start/Resume) Water Shut-Off Reclamation Well Integrity
X Subsequent Report	Casing Repair Change Plans New Construction Replied and Abandon	Recomplete Other
Final Abandonment Notice	Convert to Injection Plug Back	Water Disposal
following completion of the involved operations. Itesting has been completed. Final Abandonment Idetermined that the final site is ready for final inspection. 05/14/08: TAG EXISTING 5-1/2" CIP	If the operation results in a multiple completion or Notices shall be filed only after all requirements, i oction.) BP+CMT. @ 6,775'; CIRC. WELL W/ P. F. PIUG @ 4,655'-4,455' (CALC.); M.	M/BIA Required subsequent reports shall be filed within 30 day recompletion in a new interval, a Form 3160-4 shall be filed one neluding reclamation, have been completed, and the operator half the AMJD. IX & PUMP A 25 SX. CMT. PLUG @ 2,155;
	r. Plug @ 560'; woc & Tag Top of (00'-3'; dig out & out off weilhe	OMT. PLUG @ 441'; MIX & CIRC. TO SURF.
WELL PLUGGED AND ABANDONED ON 05/		JUN 2 4 2008
14. I hereby certify that the foregoing is true and correct Name (Printed Typed) DAVID A. EYLER	Title AGENT Date 06/10/0	CARESBAU FIELD OFFICE
THIS	S SPACE FOR FEDERAL OR STATE OF	FICE USE
Approved by	Title Ac	cepted for record
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations to	this notice does not warrant of Office of those rights in the subject lease	NMOCD # 7/2/08