Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** SUNDRY NOTICES AND REPORTS ON WELLS JUN 1 5 2011

HOBBS OCD

FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010

5. Lease Serial No.

NM12412

6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposal RECEIVED					6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2					A/Agreement, Name and/or No.	
1. Type of Well  X Oil Well Gas Well Other  2. Name of Operator  EOG Resources Inc.  3a. Address 3b. Phone No. (include area code)				8. Well Name and No.  Lausk 23 Federal 3H  9. API Well No.		
P.O. Box 2267 Midland, Texas 79702		432-686-3689		30-025- V V V Area  10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey 1980' FNL & 330' FWL, U/L E (SHL) 1980' FNL & 330' FEL, U/L H (BHL) Sec 23, T198, R32E		NCATE NATIBE OF N	JOTICE REPO	11. County of	NBM	
	TE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION    X   Notice of Intent	lete horizontally, give su formed or provide the B f the operation results in lotices shall be filed on action.)	Deepen Fracture Treat  X New Construction Plug and Abandon Plug Back  Is, including estimated starticular and measurface locations and measurface locations or rely after all requirements, including the completion or rely after all requirements, including the completion of the control of the	Reclamation Recomplete Temporarily Water Dispons Ing date of any projection and true vert BIA. Required sulfactormpletion in a necluding reclamation	Abandon  posed work and ical depths of a  posequent report w interval, a F- n, have been co	Il pertinent markers and zones. s shall be filed within 30 days orm 3160-4 shall be filed once ompleted, and the operator has	
SEE ATTACHED FOR CONDITIONS OF APPRO	OVAL	being a reclam	uction of loca pproved cou ation of locat e APD is not a	ld require ion in the		

<ol> <li>I hereby certify that the foregoing is true and correct Name (Printed/Typed)</li> </ol>		1/1/1/1
Stan Wagner 1	Title Regulatory Analyst	
Signature Stan Wan	Date 6/8/11	4-0
THIS SPACE FO	R FEDERAL OR STATE OFFICE USE	a and the second
-Approved by Lames 1. Comb	Title SEAS	Date 6-9-11
Conditions of approval, if any, are attached. Approval of this notice does not warra the applicant holds legal or equitable title to those rights in the subject lease which entitle the applicant to conduct operations thereon.	nt or certify that Office	Production of the second of th

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.