

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires July 31, 2010

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.TOD HORRS
HOBBS OCD

JUN 27 2011

SUBMIT IN TRIPLICATE - Other instructions on page 2

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM 94110
2. Name of Operator EOG Resources Inc.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 2267 Midland, Texas 79702	3b. Phone No. (include area code) 432-686-3689	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2197' FNL & 655' FWL, U/L E, Sec 27 (SHL) 2310' FSL & 330' FWL, U/L L, Sec 22 (BHL) 990'		8. Well Name and No. Pitchblende 27 1H Federal
		9. API Well No. 30-025-36929
		10. Field and Pool, or Exploratory Area Undesignated; Delaware Wildcat
		11. County or Parish, State Lea NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other BOPE Change
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

EOG Resources Inc requests a variance to drill this well using a co-flex line between the BOP and the choke manifold (instead of using a 4" OD steel line).

Below are the specifications for the co-flex choke line.

Manufacturer: Midwest Hose & Specialty

Serial Number: SN#90067

Length: 35'

Size: OD = 8" ID = 4"

Ends: Flanges Size: 4-1/16"

WP Rating: 10,000 psi Anchors required by manufacturer: No

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Stan Wagner		Title Regulatory Analyst	APPROVED WESLEY W INGRAM PETROLEUM ENGINEER
Signature <i>Stan Wagner</i>		Date 6/20/11	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE JUN 23 2011			
Approved by		Title WESLEY W INGRAM	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office	

M I D W E S T
HOSE AND SPECIALTY INC.

INTERNAL HYDROSTATIC TEST REPORT		
Customer: CACTUS		P.O. Number: RIG #123 Asset # M10761
HOSE SPECIFICATIONS		
Type: CHOKER LINE		Length: 35'
I.D. 4" INCHES		O.D. 8" INCHES
WORKING PRESSURE 10,000 PSI	TEST PRESSURE 15,000 PSI	BURST PRESSURE PSI
COUPLINGS		
Type of End Fitting 4 1/16 10K FLANGE		
Type of Coupling: SWEDGED		MANUFACTURED BY MIDWEST HOSE & SPECIALTY
PROCEDURE		
<i>Hose assembly pressure tested with water at ambient temperature.</i>		
TIME HELD AT TEST PRESSURE 1 MIN.		ACTUAL BURST PRESSURE: 0 PSI
COMMENTS: SN#90067 M10761 Hose is covered with stainless steel armour cover and wrapped with fire resistant vermiculite coated fiberglass insulation rated for 1500 degrees complete with lifting eyes		
Date: 6/6/2011	Tested By: BOBBY FINK	Approved: MENDI JACKSON

**Pitchblende 27 Federal 1H
30-025-36929
EOG Resources Inc.
June 23, 2011
Conditions of Approval**

- 1. Variance approved to use flex line with Serial #90067 from BOP to choke manifold. Check condition of 8" O.D. / 4" I.D. flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends. Anchoring not required by manufacturer. If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).**

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