Film 3:035 DIFFERTIVENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT       FORM MORE THE INTERIOR BUREAU OF LAND MANAGEMENT         SUNDER VOTCES AND REPORTS ON WELLS Do not use this form for proposals to diffi or to re-enter an abadrond will Use form 31053 (APD) for such proposals.       Image Management (Land)         SUNDER VOTCES AND REPORTS ON WELLS Do not use this form for proposals to diffi or to re-enter an abadrond will Use form 31053 (APD) for such proposals.       Image Management (Land)         SUBMIT IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       SUBMIT IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       SUBMIT IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       Submit IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       Submit IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       Submit IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       Submit IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       Submit IN TRIPLICATE - Other instructions on page 2       If Unit or CA/Agreement, Name and/or No.         * Advess       Submit IN TRIPLICATE - Other INSTRUCKES NEOCODONAL TO PAGE AND NO.			Rec'd 9	)/28/2020 - N			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use his form or proposals (a MP) to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. <ul> <li>I I Indian. Alforder of The Name</li> <li>I I Indian. Alforder of The Name</li> <li>I I Indian. Alforder of The Name</li> </ul> <ul> <li>Operating the Name and Name</li> <li>I I Indian. Alforder of The Name</li> <li>I I I Indian. Alforder of The Name</li> <li>I I Indian. Alforder of III I Indian. Alforder of IIII Indian. Alforder of IIIII Indian. Alforder of IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</li></ul>	Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR					OMB NC	0. 1004-0137
Do not use this form for proposals to drill or to re-enter an abandoned will. Use form 3660-3 (APD) for such proposals.       6. If Indian, Allottee or Tribe Name         SUBMIT IN TRIPLICATE - Other Instructions on page 2       7. If Unit or CA/Agneement, Name and/or No.         1. Type of Well       8. Well Name and No.         Q III Well       9. API Well No.         BOD Well       0. Well         BOD Well       0. API Well No.         BOD RESCURCES INCORPORATEDE-Mail: emity Joile@eograsources.com       9. API Well No.         BOD ROX 2267       70. Fibre No fandle area code)         Ph. 432-636-3600       10. Field and Poid Exploratory Area         Advects       8. Advects         See & T328 STASE NUCCEPORATEDE-Mail: emity Joile@eograsources.com       30:0254-5015-00-X1         32. Advects       10. Field and Poid Exploratory Area         Advects       10. Contro or Parish. State         LEA COUNTY, NM       23:313344 N Lat, 103:395409 W Lon         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Bodiec of Intent       Acidize         Bodiec of Intent       Acidize         Bodiec of Intent       Coming Repair         Bodiec of Intent       Coming Repair         Bodiec of Intent       Coming Repair<				ELLS			
Type of Well     Gos Well _ Other						6. If Indian, Allottee or	Tribe Name
Bit of Well         Contact:         FUNCY MONKS B FED COM 302H           2. Name of Departor         5 API Well No. 30-025-45015-00-X1         30-025-45015-00-X1           3a. Address.         5 PO BOX 2287 MDLAND, TX 79702         B. Proce No. (include area code)         FILE Exploratory Area APACHE RIDGE           4. Location of Well (Frontige, Sec. T. R. M. or Survey Description)         11. Contry or Parish. State         LEA COUNTY, NM           32.313344 N Lat, 103.395409 W Lon         11. County or Parish. State         LEA COUNTY, NM           12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION         Production (Statr/Resume)         Water Shu-Off           3basequent Report         Acidize         Desepten         Production (Statr/Resume)         Well Integrity           3 Ubsequent Report         Change Phans         Production (Statr/Resume)         Water Shu-Off           4 Ubsequent Report         Change Phans         Plug and Abandon         Temporarity Abandon         Change the off tig and Abandon           13. Describ Proposed or Complete Original A file rook with Bud Parine details, including stated starting during with Bud Water Shure.off         Water Shure.off         Change the original A file rook with Bud Parinemater Shure with Bud Parinemass. Field with Bud Parinemater Shure Bud Parinemater Bud Parin	SUBMIT IN	I TRIPLICATE - Other inst	ructions on	page 2		7. If Unit or CA/Agree	ment, Name and/or No.
EOG RESOURCES INCORPORATEDE-Mail: emily_folis@eogressources.com       30-025-45015-00-X1         3a_Addex:       3b. Phone No. (include area code)       APACHE RIDGE         4. Location of Well       (Footage, Sec., T., R., M., or Survey Description)       11. County or Parish. State         Sc. 6 12328 R35E NWSW 2349FSL 871FWL       11. County or Parish. State       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       Water Shur-Off         MOLAND       Acidize       Deepen       Production (Start/Resume)       Water Shur-Off         Subsequent Report       Acidize       Deepen       Production (Start/Resume)       Water Shur-Off         Subsequent Report       Change Plans       Plans       Plange to Conjula A Pulse of Conjula A Porticit to Injection       Plag and Abandon       Permover markets and zones. Attach the book will be performed or provide the Boal No. of the will builded and the operator to the order will be performed or provide the Boal No. of the will build and the operator to a start to injection.       Pulse will be available of all apericant and the operator base determined the boal No. of the will build and the operator the advance of the operator to the poly of the injection.         13. Describe Proposed or Complete Operator. Chearge to recomplete board and the will build and the will build and the operator to advance with the over wills be forterenout provide the Boal No. of the will build a		Other					FED COM 302H
PD BOX 2267 (MIDLAND, TX 79702       Ph: 432-636-3600       APACHE RIDGE         4. Location of Well (Footage, Sec. T. R. M., or Survey Description)       11. County or Parish, State         Sec 8 T23S R35E NWSW 2349FSL 871FWL 32.318344 N Lat, 103.385409 W Lon       11. County or Parish, State         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Subsequent Report       Acidize       Decepen         Alter Casing       Hydraulic Fracturing       Reclamation         Subsequent Report       Casing Repair       New Construction         Change Plans       Plug and Abandon       Temporarily Abandon         Change Plans       Plug Back       Well Integrity         Change Operation: Charty state all periodic on the one filtered and memory in the work will be prevention reclamation to the construction or a preparately with of all periodic and abandon periodic or the one filtered and memory in the work will be periodic periodic or Charty state all periodic and prevention results in a multiple completion or ecompletion in a new interval, a Form 3160 4 must be filed one etsity fals all periodic and activitie the Book No.         13. Descrite Puppedie to cartific the Mide Marking redunation, have been completed. The work will be periodic periodic results in a multiple completion or ecompletion or a new interval, a Form 3160 4 must be filed one etsity fals all periodic and well while 30 days. following completion of the involved operations. If the operation results in a multiple completi	2. Name of Operator EOG RESOURCES INCOR	Contact:   PORATEDE-Mail: emily_follis	EMILY FOLI @eogresourc	.IS es.com			D-X1
Sec 8 T23S R35E NWSW 2349FSL 871FWL       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         @ Notice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         @ Notice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         @ Intent       Casing Repair       New Construction       Recomplete       Other         Change Plans       Plug and Abandon       Temporarily Abandon       Change to Original A PD         13. Describe Proposed or Completed Operation: Clearly state all periment details, including estimated starting date of any proposed work and approximate duration thereof.       High proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and three vertical depths of all periment maters and zones.         Attach the bood under which the work will be performed or provide the Bood No. On the with BJMA. Required subsequent reports must be filed with 30 days be testing has been completed. Trial Abandomment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has testing been completed.         2 CR EQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020         14. I hereby certify that the foregoing is meand correct.         EEG REQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020         14. I hereby c	PO BOX 2267	PO BOX 2267 Ph: 432-6					xploratory Area
32.318344 N Lat, 103.395409 W Lon         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION         Image: Complete Com	4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description)				11. County or Parish, State	
TYPE OF SUBMISSION       TYPE OF ACTION <ul> <li>Notice of Intent</li> <li>Acidize</li> <li>Deepen</li> <li>Production (Start/Resume)</li> <li>Water Shut-Off</li> <li>Acidize</li> <li>Deepen</li> <li>Production (Start/Resume)</li> <li>Water Shut-Off</li> <li>Acidize</li> <li>Casing Repair</li> <li>New Construction</li> <li>Recomplete</li> <li>Complete</li> <li>Change Plans</li> <li>Plug and Abandon</li> <li>Temporarily Abandon</li> <li>Decribe Proposed or Completed Operation: Clearly state all pertinent densits, including estimated starting date of any proposed work and approximate duration thereof. If the properations of the involved operations. Clearly state all pertinent all sections estimated starting date of any proposed work and approximate duration thereof. If the properation the work work of the provide operations. The operations was the filed only after all requirements, including reclamation, have been completed. Final Abandomment Noices 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.</li> </ul> EOG REQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020						LEA COUNTY, N	IM
Image: Subsequent Report       Image: Casing Repair       Image: Deepen Image: Reclamation       Image: Well Integrity         Image: Subsequent Report       Image: Casing Repair       Image: New Construction       Image: Reclamation       Image: Well Integrity         Image: Subsequent Report       Image: Casing Repair       Image: New Construction       Image: Reclamation       Image: Well Integrity         Image: Subsequent Report       Image: Casing Repair       Image: New Construction       Image: Reclamation       Image: Well Integrity         Image: Subsequent Report       Image: Casing Repair       Image: New Construction       Image: Reclamation       Image: Well Integrity         Image: Subsequent Report       Image: Casing Repair       Image: New Construction       Image: Casing Repair       Image: Well Integrity         Image: Subsequent Report       Image: Casing Repair       Image: Casin	12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA						
Ø Notice of intent         Alter Casing         Hydraulic Fracturing       Reclamation         Well Integrity           Subsequent Report         Casing Repair         New Construction       Recomplete         Change to Original A PD           Final Abandonment Notice         Change Plans         Plug and Abandon         Temporarily Abandon         Change to Original A PD           3. Describe Proposed or Completed Operationally or recomplete borizontally give substraface locations and measured and true vertical depths of all pertinent markers and zones. And the seven directionally or recomplete borizontally give substraface locations and measured and true vertical depths of all pertinent markers and zones. And the seven directionally or recomplete borizontally give substraface locations and measure that the seven direction and the operational true vertical depths of all pertinent markers and zones. And the seven directionally or recomplete borizontally give substraface locations and measure that the seven on perturbation of the involved operations. If the operational the tain and markers and zones.         EOG REQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020         14. Thereby certify that the foregoing is true and correct.         Lectronic Submission #520088 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sew to the Hobbs         Committed to AFMS for processing by PRESCULA PEREZ on 06/27/2020 (20PP2862SE)         Name (Printed Typed)       EMILY FOLLIS         Title       SR REGULATORY ADMINISTRATOR	TYPE OF SUBMISSION			TYPE OF	F ACTION		
Image: Subsequent Report       Image: Casing Repair       Image: New Construction       Reclamation       Image: Well Integrity         Image: Subsequent Report       Image: Casing Repair       New Construction       Recomplete       Image: Other Change to Original A PD         Image: Change: Plans       Image: Change: Plans       Plug Back       Image: Water Disposal       Image: Vorginal A PD         Image: 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 substrates 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 Vorge work work and approximate duration thereof. If the proposal is to deepen directionally or recomplete on recompletion or recompletion or recompletion or the involved operations. If the operation results in a multiple completion or 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.         EOG REQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020         Image: Committed to AFMSS for processing by PRS20088 verified by the BLM Well Information System For EOG RESOURCES INCOMPORATED, sent to the Hobbs         Committed to AFMSS for processing by PRS2014 PEREZ on 06/271/2020 (20PP28622E)         Name (Printed/Typed) EMILY FOLLIS       Title SR REGULATORY ADMINIS	Notice of Intent	□ Acidize	🗖 Dee	pen	Production (Start/Resume)		□ Water Shut-Off
Image: The state of the st	_	□ Alter Casing	□ Alter Casing □ Hydraulic Fracturing □ Recla		□ Reclam	ation 🗆 Well Integrity	
Image Prime	Subsequent Report	Casing Repair	🗆 Nev	V Construction			
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 BL/BLA. Required subsequent reports must 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 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.         EOG REQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020         14. Thereby certify that the foregoing is true and correct.         Electronic Submission #520088 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by PRSCILLA PERE2 on 06/27/2020 (20PP2862SE)         Name (Printed/Typed) EMILY FOLLIS       Title SR REGULATORY ADMINISTRATOR         Signature       (Electronic Submission)       Date 06/24/2020	Final Abandonment Notice	Change Plans	🗖 Plu	g and Abandon			
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 BL/BIAL. Required subsequent reports must be filed once testing has been completion. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandomment 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.         EOG REQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020         14. 1 hereby certify that the foregoing is true and correct.         Electronic Submission #520088 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by PR SCILLA PEREZ on 06/27/2020 (20PP2862SE).         Name (Printed/Typed)       EMILY FOLLIS         Signature       (Electronic Submission)         Date       06/24/2020		Convert to Injection	Convert to Injection Plug Back Water Disposal		Disposal		
14. I hereby certify that the foregoing is true and correct.       Electronic Submission #520088 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 06/27/2020 (20PP2862SE)         Name(Printed/Typed)       EMILY FOLLIS         Signature       (Electronic Submission)         Date       06/24/2020	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 or 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. EOG REQUEST A 2 YR EXTENSION TO OUR APPROVED APD EXPIRING 7-6-2020						
Electronic Submission #520088 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 06/27/2020 (20PP2862SE)         Name(Printed/Typed)       EMILY FOLLIS       Title       SR REGULATORY ADMINISTRATOR         Signature       (Electronic Submission)       Date       06/24/2020	Rec'd 9/29/2020 - NMOCD						
Name(Printed/Typed)     EMILY FOLLIS     Title     SR REGULATORY ADMINISTRATOR       Signature     (Electronic Submission)     Date     06/24/2020	Electronic Submission #520088 verified by the BLM Well Information System For EOG RESOURCES INCORPORATED, sent to the Hobbs						
				. ,			
	Signature (Electronic	,					

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By_CHRISTOPHER WALLS		Date 09/25/2020			
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 Hobbs				
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.					

(Instructions on page 2) \*\* BLM REVISED \*\*

## Revisions to Operator-Submitted EC Data for Sundry Notice #520088

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	APDCH SR	APDCH NOI
Lease:	NMNM115425	NMNM115425
Agreement:		
Operator:	EOG RESOURCES INC PO BOX 2267 MIDLAND, TX 79702 Ph: 432-636-3600	EOG RESOURCES INCORPORATED PO BOX 2267 MIDLAND, TX 79702 Ph: 432.686.3689
Admin Contact:	EMILY FOLLIS SR REGULATORY ADMINISTRATOR E-Mail: emily_follis@eogresources.com	EMILY FOLLIS SR REGULATORY ADMINISTRATOR E-Mail: emily_follis@eogresources.com
	Ph: 432.636.3600	Ph: 432-636-3600
Tech Contact:	EMILY FOLLIS SR REGULATORY ADMINISTRATOR E-Mail: emily_follis@eogresources.com	EMILY FOLLIS SR REGULATORY ADMINISTRATOR E-Mail: emily_follis@eogresources.com
	Ph: 432.636.3600	Ph: 432-636-3600
Location: State: County:	NM LEA COUNTY	NM LEA
Field/Pool:	2205 ANTELOPE RIDGE, BONE	APACHE RIDGE
Well/Facility:	FUNKY MONKS 8 FED COM 302 Sec 8 T23S R35E 2349FSL 871FWL	FUNKY MONKS 8 FED COM 302H Sec 8 T23S R35E NWSW 2349FSL 871FWL 32.318344 N Lat, 103.395409 W Lon