SUBMIT IN TRIPLICATE - Other instructions on paggobs CCD 1. Type of Well Cols Well Other AUG 2 5 2011 S. Well Name and No 2. Name of Operators S. Well Name and No Caballo 23 Pederal 68 BOD Resources Inc. 3. Address 30-Poor Notestim Well Colors 9. Aff Well Yell Do 24-8 3. Address 30-Poor Notestim Well Colors 9. Aff Well Yell Do 24-8 3. Address 30-Poor Notestim Well Colors 9. Aff Well Yell Do 24-8 3. Address 30-Poor Notestim Well Colors 9. Aff Well Yell Do 24-8 3. Address 10-Poor Notestim Well Colors 9. Aff Well Yell Do 24-8 3. Address 10-Poor Notestim Well Colors 9. Aff Well Yell Do 24-8 3. Address 10-Poor Notestim Vell Colors 9. Aff Yell Aff To 24-8 3. Address 10-Poor Notestim Vell Colors 11-County or Parish State Bee 23, 7252, 772, Will B 982, 120-120 10-IDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Well Energing 12. CLIECK APPROPRIATE DOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION TYPE OF ACTION Well Energing Well Energing 12. CLIECK APPROPRIAT	Form 3160-5 (August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR COLLAND BESS BUREAU OF LAND MANAGEMENT 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.						FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010 5. Lease Serial No. NML08503 6. If Indian, Allottee or Tribe Name		
AUG 2 5 2011 AUG 2 5 2011 Caballo 23 Pederal 6H 2 Name of Operator Caballo 23 Pederal 6H Caballo 23 Pederal 6H 32. Addess 9. API Well None and No Caballo 23 Pederal 6H 33. Addess 9. API Well None and No Caballo 23 Pederal 6H 34. Location of Well Concept Pederal 6H 9. API Well None and No Caballo 23 Pederal 6H 30. Operator 9. API Well None and No Caballo 23 Pederal 6H 30. Operator 10. Field and Pol, or Exploratory Area 4. Location of Well Concept Pederal 6H 10. Field and Pol, or Exploratory Area Sec 23, T255, P338 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION Well Integrity I.a. Caballo 23 Pederal 6H Adde Cang Preateo Trait Reclamano Well Integrity I.a. Check APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION Well Integrity I.a. Check Appropriate to Appropriate the Adder and the Cong Depration (Adder Well Integrity) Well Integrity Well Integrity I.a. Check Appropriate to Appropriate Difference on Provide Hell Integrity Preparation and measured and movide Adder Well Integrity Meet Integrity	SUBMIT IN TRIPLICATE - Other instructions on page OBBS OCD							CA/Agreement, Nar	ne and/or No
3a. Address 3b. Phore Ndf Meddel Side code/ 432-686-3689 10:025: 10:024/8 4. Location of Well (Focups, Sec. T. R. M. or Survey Description) 20: PRL & 1320' FEL, U/L B SIL 30: YEL & 1320' FEL, U/L B SIL 30: YEL & 1320' FEL, U/L B SIL 10:025: 10:024/8 30: YEL & 1320' FEL, U/L B SIL 30: YEL & 1320' FEL & W/L B SIL 31: Hereby certify that the foregoing is true, and correct 31: Needer SIL B Sid W/L W/L B SIL 31: Needer SIL B Sid W/L W/L B SIL 32: YEL & 10,000 psi Anchors required by manufacturer: No 14. I. hereby certify that the foregoing is true, and correct 32: Statustic Manufacturer: 32: Statustic Manufacturer: 33: Statustic Manufacturerid Manufacturerid Manufacturerid Manufacturerid Manufacturerid Ma	x Oil Well Gas Well Other AUG 2 5 2011								
P.O. Exc. 2267 Milliand, Texase 79702 432-686-3689 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T. R. M., or Survey Description) 10. Field and Pool, or Exploratory Area 20' FRL 4: 1320' FEL, U/L B SRL 11. County or Parish, State Sec. 23, T255, R38 M 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Subsequent Report Acidize Subsequent Report Casing Repar Final Abandonment Notice Casing Repar 13. Describe Proposed or Completed Operation (clearly state all pertions details, including estimated stating date of any proposed work and approximate duration three/OL 10 three inductions and messare of all peritons that the Bod with 10 do year in the Bod with 10 do yea	EOG Resources Inc.							127419	
4. Location of Well (Foldage, Sec. T. R. M. or Survey Description) Red Hills; Borne Spring 20' FNL & 1320' FEL, U/L B SHL 11. County or Parish, State 30' FEL & 1320' FEL, U/L B SHL 11. County or Parish, State Sec 23, T255, R33E II. County or Parish, State 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTLEC, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Image: State of Inter Accidize Image: Subsequent Report Casing Repar Image: Subsequent Report Plag and Abandean Image: Subsequent Report </td <td></td> <td>and Tourse 79702</td> <td></td> <td>1</td> <td>•</td> <td>oae)</td> <td></td> <td>70270</td> <td></td>		and Tourse 79702		1	•	oae)		70270	
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TYPE OF SUBMISSION TYPE OF ACTION	330' FSL & 1320' FEL, U/L P BHL Sec 23, T255, R33E						Lea NM		
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Alter Casing Fracture Treat Recomplete Well Integrity Casing Repar New Construction Recomplete Other Recomplete Plug and Abandonment Notice Image Plans Plug and Abandon Comporting Abandon Recomplete Recomplete 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 give substrafec locations and measured and true vertical depths of all pertinent maters and zones. Attach the Bood under which the work will be performed or provide the Bood No on file with ELMBIA. Required subsequent reports shall be filed only after all requirements, including reclamation, have been completed of, and the operator has determined that the final site is ready for final inspection.) BOG Resourcese 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). Manufacturer: Midwest Hose & Speciality SEE ATTACHED FOR CONDITIONS OF APPROVAL Length: 35' Size: OD = 8" ID = 4" Rnds: Flanges Size: 4-1/16" WP Rating: 10,000 psi Anchors required by manufacturer: No I1. Interdy certify that the foregoing is true and correct Number: Signature Maproved by Title Regulat	TYPE OF SUBMISSION T					OF ACTION			
If the proposal is to deepend interctionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. At the the Book under which the work will be performed or provide the Book No on file with BLMBIA. Required subsequent reports 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.) ECOR Resources 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). Mamufacturer: Midwest Hose & Speciality 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 14. Ihereby certify that the foregoing is true and correct Name (Printed Typed) Title Name (PrintedTyped) Title Approved by Title	Subsequent Report		Alter Casing Fracture Treat Recl Casing Repair New Construction Recc X Change Plans Plug and Abandon Tem			Reclamatic Recomplet Temporaril	Itton Well Integrity Iete X Other arily Abandon BOPE Change		
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14. I hereby certify that the foregoing is true and correct Name (Printed Typed) APPROVED Stan Wagner Title Regulatory Signature Man Wagner Date 8/16/2011 HIS SPACE FOR FEDERAL OR STATE OFFICE USE Date Approved by Title	Ends:	Flanges Size:	4-1/16"						
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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

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

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<u>Co-Flex line</u> Conditions of Approval

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Variance approved to use flex line from BOP to choke manifold. Check condition of 3" 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 and is to be anchored according to Manufacturer's requirements. The flexible hose can be swapped with a hose of equal size and equal or greater pressure rating. Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. 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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