

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM 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.**

**HOBBS OCD**

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

**APR 15 2013**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> Water Injection		<b>RECEIVED</b>	5. Lease Serial No. <b>NM18640 108500</b>
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. Red Hills North Unit
4. Location of Well (Footage, Sec. T., R., M., or Survey Description) S/L <del>602</del> <sup>460</sup> FSL & <del>509</del> <sup>510</sup> FWL, Sec 8, T25S, R34E BHL 121 FNL & 2400 FEL, Sec 18, T25S, R34E		8. Well Name and No. Red Hills North 811 Unit ✓	
		9. API Well No. 30-025-32980	
		10. Field and Pool, or Exploratory Area Red Hills; Bone Spring	
		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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<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
			<input type="checkbox"/> Water Shut-Off
			<input checked="" type="checkbox"/> Well Integrity
			<input type="checkbox"/> Other _____

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.)

1/3/2013 Ran MIT test to 500 psi for 30 minutes. Test good.  
Witnessed by BLM - Paul Flowers

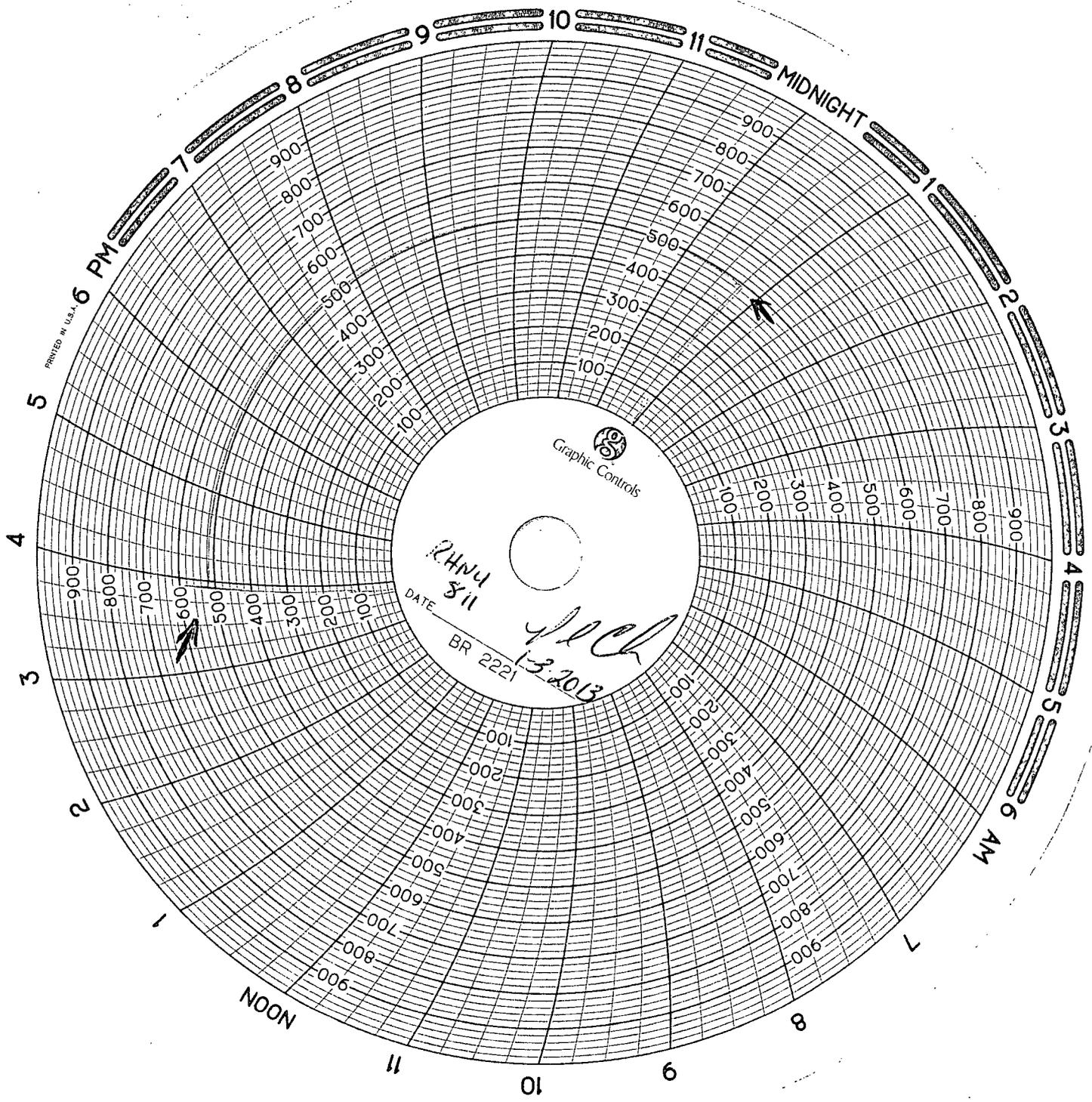
To comply with written order dated 12/6/12.  
In response to INC-12PS011

*held 520 to <sup>490</sup> 500psig per chart by Paul Flowers  
chart shows 23 min test  
pressure to a 39psig drop  
in 30 min which is within  
tolerance, just*

*accept for record  
02/11/2013 RPL*

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Stan Wagner		Title Regulatory Analyst	<b>ACCEPTED FOR RECORD</b>
Signature <i>Stan Wagner</i>		Date 1/23/13	
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>			
Approved by	Title	Date	1/10/2013
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	s/Chris Walls
		<b>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE</b>	

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Graphic Controls

RANU 5/11

DATE

BR 2221

13-203

NOON

8

10

9

7

6 AM

5

4

3

5

6 PM

MIDNIGHT

11

10

9

8

7