

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB NO. 1004-0137
Expires October 31, 2014

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
JUN 27 2013

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM108504 SL NMNM19623 BHL
2. Name of Operator EOG Resources, Inc.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 2267 Midland, TX 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) 50' FSL & 660' FEL, U/L P (SESE), SHL Sec 24, T25S, R33E 2310' FSL & 430' FEL, U/L I (NESE), BHL Sec 13, T25S, R33E		8. Well Name and No. Vaca 24 Fed Com 7H
		9. API Well No. 30-025-40538
		10. Field and Pool, or Exploratory Area Red Hills
		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 type="checkbox"/> Other _____
	<input checked="" 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. intends to use Patterson Rig #452 to drill this well. Attached are the Co-Flex Hose Specifications and Test Certification specific to this rig. No other changes to the approved APD are necessary.

**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
Signature 	Date 5/28/2013	<div style="border: 2px solid black; padding: 5px; text-align: center;"> APPROVED JUN 25 2013 /s/ Chris Walls BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE </div>
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by	Title	
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
MAB/OCD 6-28-2013		

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.

JUL 02 2013



Robesco, Inc.

OILFIELD RUBBER PRODUCTS

4749 Eastpark Drive

Houston, TX 77028

United States of America

Gates Corporation Authorized Rotary and Vibrator Hose Subcontracted Fabricator

Hydrostatic Test Certification

Robesco, Inc. certifies that the following hose assembly has been tested to the Gates Oilfield Roughneck Agreement/Specification requirements and passed the hydrostatic test per API Spec 7K, Fifth Edition, June 2010. Test pressure 9.6.7 and per Table 9 to 15,000 psi in accordance with this product number. Hose burst pressure 9.6.7.2 exceeds the minimum of 2.5 times the working pressure per Table 9.

Assembly Part Number

36335R4-1/16FLG10K-SS

Serial Number / Date Code

L31802030612R091712-1

Chart Recorder Information

Hose Size:

3.5IN X 35FT

Testers

OC CS

Serial Number

Recorder 22349

Calibration Date

July 10th 2012

Hydrostatic Test:

Passed

Visual Inspection:

Passed

QA Representative Signature

9/17/2012 PS

Date & Initial

30

35

2045835-9368660

3 1/2" X 35' w/4" ILL FLG

L 31802070612 R091712

Length of pipe = 31.15

SK PSI = 30.85

Over All = 34.97

Armer Choke & Kill
x Ray
6530 6535

27500
25000
22500
20000
17500
15000
12500
10000
7500
5000
2500

25

Greg Whelan

CHART NO. MC MP-30000-IHR

Graphic Controls

TAKEN OFF

CHART PUT ON

LOCATION

REMARKS

15000
12500
10000
7500
5000
2500

27500
25000
22500
20000
17500
15000
12500
10000
7500
5000
2500

10

S

60

Manufacturer: Robsco, Inc.

Serial Number: L31802030612R091712-1

Length: 35'

Size: OD = 8" ID = 3.5"

Ends: 4-1/16" 10k Flange

WP Rating: 10,000 psi

Anchors required by manufacturer: No

Co-Flex line
Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of 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 exchanged 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).