

HOBBS OCD

SEP 06 2013

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**  
**RECEIVED**  
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

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

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Water Injection</u>		5. Lease Serial No. NMNM61605
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. NMNM91067X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 779' FNL & 1943' FWL, U/L C Sec 21, T18S, R33E ✓		8. Well Name and No. East Corbin 6 ✓ Delaware Unit
		9. API Well No. 30-025-30736 ✓
		10. Field and Pool, or Exploratory Area Corbin; Delaware, West
		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"/> 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 type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other <u>Repair Leak</u>

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.)

Casing pressure has been encountered on our East Corbin Delaware Unit #6. EOG Resources will rig-up and pull the well to determine the cause and perform necessary repairs as soon as it can be scheduled. An MIT test will be scheduled with BLM and NMOCD before returning the well to injection.

*accept for record  
06/26/2013 PRL*

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
Stan Wagner  
Signature *Stan Wagner*  
Title - Regulatory Analyst  
Date 5/07/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date SEP 3 2013  
Office \_\_\_\_\_  
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.

**ACCEPTED FOR RECORD**  
SEP 3 2013  
/s/ Chris Walls  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

SEP 18 2013