

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED
OMB NO. 1004-0135
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. JUL 31 2014

5. Lease Serial No.
NMNM61605

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

RECEIVED

7. If Unit or CA/Agreement, Name and/or No.
NMNM91067X

8. Well Name and No.
EAST CORBIN DELAWARE UNIT 6

9. API Well No.
30-025-30736

10. Field and Pool, or Exploratory
WEST CORBIN DELAWARE

11. County or Parish, and State
LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator
 EOG RESOURCES, INC. Contact: STAN WAGNER
 E-Mail: stan_wagner@eogresources.com

3a. Address
 P.O. BOX 2267
 MIDLAND, TX 79702

3b. Phone No. (include area code)
 Ph: 432-686-3689

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 Sec 21 T18S R33E NENW 779FNL 1943FWL

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 type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input checked="" 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 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 site is ready for final inspection.)

6/19/14 MIRU to change out injection tubing. Unset packer and POOH laying down tubing and packer.
 6/20/14 RIH w/ 157 jts 2-3/8" IPC injection tubing and packer. Packer set at 5097'.
 6/24/14 Ran MIT test to 500 psi for 30 minutes. Test good.
 Returned to injection.

OCD Conditions of Approval
 Accepted for **RECORD ONLY**. All Federal forms require **BLM APPROVAL**.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #254340 verified by the BLM Well Information System
For EOG RESOURCES, INC., sent to the Hobbs

Name (Printed/Typed) STAN WAGNER Title REGULATORY ANALYST

Signature *Stan Wagner* Date 07/23/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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, 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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

YMB/OCD 7/31/2014 5156 T. Perf AUG 04 2014

