

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**NMOCD**  
**Hobbs**

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.*

5. Lease Serial No.  
NMNM14497

6. If Indian, Allottee or Tribe Name

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

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

HOBBS OGD  
AUG 23 2017  
RECEIVED

<p>1. Type of Well  <input checked="" type="checkbox"/> Oil Well   <input type="checkbox"/> Gas Well   <input type="checkbox"/> Other</p> <p>2. Name of Operator                  EOG RESOURCES INCORPORATED                  Contact: KAY MADDOX                  E-Mail: Kay_Maddox@EOGRESOURCES.com</p> <p>3a. Address                  PO BOX 2267                  MIDLAND, TX 79702</p> <p>3b. Phone No. (include area code)                  Ph: 432-686-3658</p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                  Sec 5 T25S R34E 110FSL 1850FEL</p>	<p>8. Well Name and No.                  DIAMOND 5 FED COM 6H</p> <p>9. API Well No.                  30-025-41990</p> <p>10. Field and Pool or Exploratory Area                  RED HILLS; UPPER BS SHALE</p> <p>11. County or Parish, State                  LEA COUNTY, NM</p>
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**12. CHECK THE 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"/> Hydraulic Fracturing	<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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Production Start-up
	<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 recomplate 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

02/17/2017 MIRU -Prep well for completion  
 02/20/2017 Begin 13 stage frac  
 03/02/2017 Finish perforating and frac - perf 9781-12981', 3.15",  
 936 holes, Frac w/6,804,370 lbs proppant, 137,544 bbls  
 load water  
 03/08/2017 RIH to drill out plugs and clean out well  
 03/19/2017 Open well to flowback, Date of First production

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

Electronic Submission #377069 verified by the BLM Well Information System  
 For EOG RESOURCES INCORPORATED, sent to the Hobbs  
 Committed to AFMSS for processing by DEBORAH MCKINNEY on 05/24/2017 ()

Name (Printed/Typed) KAY MADDOX

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 05/23/2017

ACCEPTED FOR RECORD

AUG 1 2017

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**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

(Instructions on page 2)

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

Kz