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Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			D	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-epter an abandoned well. Use form 3160-3 (APD) for such proposals.				5. Lease Serial No. NMNM19858		
				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions of page 2				7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well ☐ Gas Well ☐ Oth		- CEIV	ED	8. Well Name and No. HAWK 35 FEDEF	AL 4H	
2. Name of Operator EOG RESOURCES INCORPO	KAY MADDOX lox@EOGRESOURCES.com		9. API Well No. 30-025-42407			
3a. Address PO BOX 2267 MIDLAND, TX 79702		3b. Phone No. (include area c Ph: 432-686-3658	3b. Phone No. (include area code) Ph: 432-686-3658		10. Field and Pool or Exploratory Area RED HILLS; UPR BS SHALE	
4. Location of Well (Footage, Sec., 7			11. County or Parish, State			
Sec 35 T24S R33E NENW 50 32.179844 N Lat, 103.544822			LEA COUNTY, NM			
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICATE NATURI	E OF NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent	Acidize	Deepen	Producti	on (Start/Resume)	□ Water Shut-Off	
	□ Alter Casing	Hydraulic Fracturi	ing Reclamation		U Well Integrity	
Subsequent Report	Casing Repair	□ New Construction	_ 1	Recomplete Work		
Final Abandonment Notice	 Change Plans Convert to Injection 	Plug and Abandon Plug Back	□ Tempora	urily Abandon	, ,	
 Describe Proposed or Completed Opt If the proposal is to deepen directions Attach the Bond under which the woi following completion of the involved testing has been completed. Final At determined that the site is ready for final 08/20/2017 Open well to flow 09/21/2017 Ran L-80 2 7/8" Well back on production 	ally or recomplete horizontally, rk will be performed or provide l operations. If the operation re oandonment Notices must be fil inal inspection. wback, Date of First produ	give subsurface locations and m the Bond No. on file with BLM, sults in a multiple completion or ed only after all requirements, in uction	easured and true ver /BIA. Required sub recompletion in a n	tical depths of all pertin sequent reports must be ew interval, a Form 316	ent markers and zones. filed within 30 days 0-4 must be filed once	
14. I hereby certify that the foregoing is	Electronic Submission # For EOG RESOL	389410 verified by the BLM IRCES INCORPORATED, so processing by JENNIFER S	ent to the Hobbs			
Name (Printed/Typed) KAY MAD	DOX	Title REG	ULATORY ANA	LYST	XECODD	
Signature (Electronic S	Submission)	Date 09/2	2/2017	JEPTED FUR	MECORD	
	THIS SPACE FO	OR FEDERAL OR STAT	TE OFFICE US	E	2017	
Approved By		Title		1A	Date	
			/ / BL	REAU DELADINAL	ASHIENT WILL	

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 Offi

(Instructions on page 2)

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