

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD

**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.*

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

5. Lease Serial No.  
NMNM108503

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
CABALLO 23 FED COM 701H

9. API Well No.  
30-025-43875

10. Field and Pool or Exploratory Area  
WC-025 S253336D UPPR WC

11. County or Parish, State

LEA COUNTY, NM

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

HOBBS OGD

MAY 08 2018

RECEIVED

1. Type of Well

Oil Well  Gas Well  Other

2. Name of Operator  
EOG RESOURCES, INC.

Contact: STAN WAGNER  
E-Mail: stan\_wagner@eogresources.com

3a. Address  
ATTN: STAN WAGNER 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 23 T25S R33E Mer NMP SWSW 494FSL 426FWL

**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	Drilling Operations
	<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 must 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 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.

4/17/18 Spud 17-1/2" hole.

4/18/18

Ran 13-3/8", 54.5#, J55 STC casing set at 1197'.  
Cement lead w/ 820 sx Class C, 13.5 ppg, 1.76 CFS yield;  
tail w/ 200 sx Class C, 14.8 ppg, 1.36 CFS yield.  
Circulated 120 bbls cement to surface.  
Good casing test to 1540 psi.

4/19/18 Release preset rig.

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

Electronic Submission #411871 verified by the BLM Well Information System  
For EOG RESOURCES, INC., sent to the Hobbs  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/23/2018 ()

Name (Printed/Typed) STAN WAGNER

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 04/20/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE FOR RECORD

Approved By

Title

Date

APR 25 2018

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 \*\***