

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS
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.
NMNM77058

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
RED TANK FED 02

9. API Well No.
30-025-08113-00-S1

10. Field and Pool or Exploratory Area
SWD

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

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

2. Name of Operator
EOG RESOURCES INCORPORATED
Contact: EMILY FOLLIS
E-Mail: emily_follis@eogresources.com

3a. Address
MIDLAND, TX 79702

3b. Phone No. (include area code)
Ph: 432-636-3600

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 14 T22S R32E SESW 542FSL 1958FWL

SEP 13 2018
RECEIVED

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 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 recompleat 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 recompleat 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.

06/11/18 MIRU PERFORM MIT TEST -
SEE ATTACHED CHART- GARY ROBINSON-OCD-C103 ALSO FILED

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

**Electronic Submission #431533 verified by the BLM Well Information System
For EOG RESOURCES INCORPORATED, sent to the Hobbs
Committed to AFMS for processing by PRISCILLA PEREZ on 08/17/2018 (18PP1696SE)**

Name (Printed/Typed) EMILY FOLLIS Title SR REGULATORY ADMINISTRATOR

Signature (Electronic Submission) Date 08/16/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

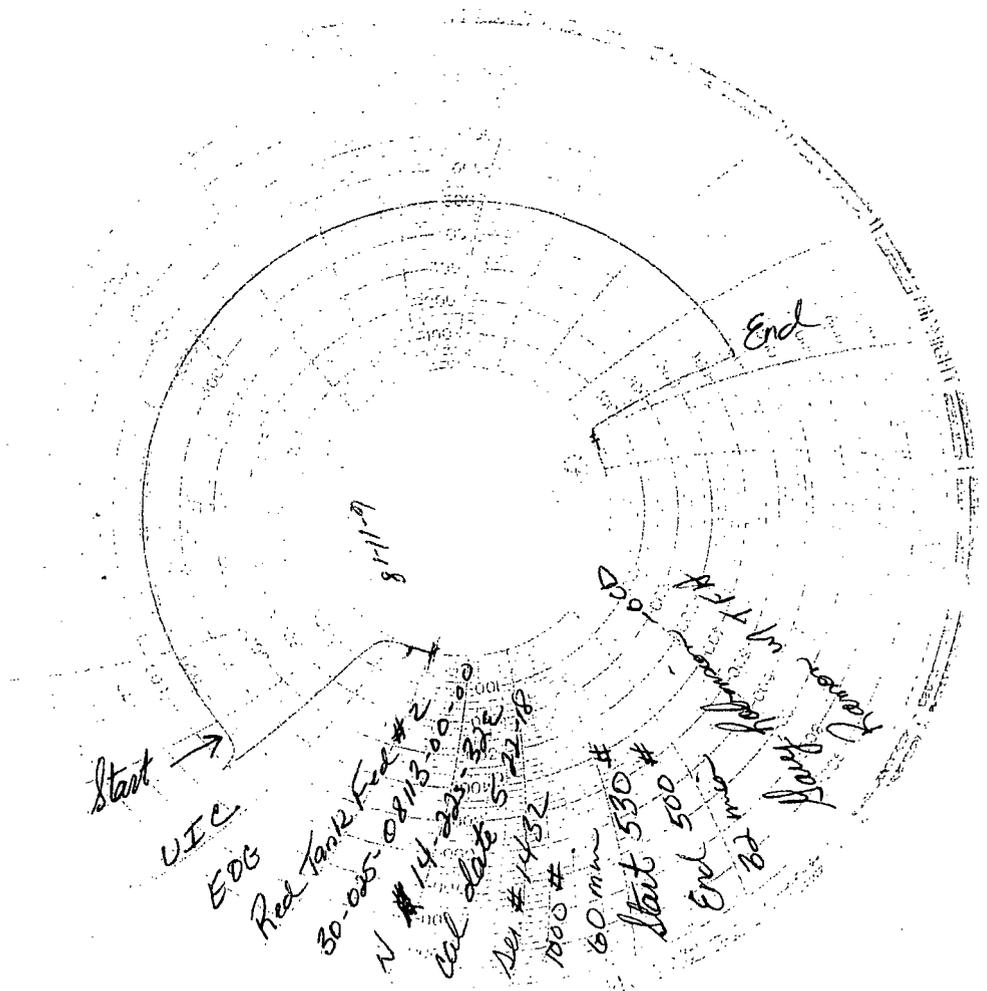
Approved By _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title _____ Date _____
Office _____
/s/ Jonathon Shepard
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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 the jurisdiction of that department or agency.

(Instructions on page 2) ** BLM REVISED **

Accepted for Record Only
YMS/OCD 9/18/2018



State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name EOG		API Number 30-025-08113	
Property Name RED TANK Fld.		Well No. # 2	

Surface Location									
1/4 - Lat	Section	Township	Range		Feet From	N/S Line	Feet From	E/W Line	County
N	14	22S	32E		542	S	1958	W	LEA

Well Status							
TA'D WELL	YES	SHUT-IN	YES	INJ	INJECTOR	PRODUCER	DATE
	NO		NO		SWD	OIL	6-11-18

OBSERVED DATA

	(A)Surface	(B)Interm1	(C)Interm2	(D)Prod Csg	(E)Tubing
Pressure	0	N/A	N/A	0	330
Flow Characteristics					
Puls	Y	N	Y	N	CO2 <input type="checkbox"/>
Steady Flow	Y	N	Y	N	WTR <input checked="" type="checkbox"/>
Surges	Y	N	Y	N	GAS <input type="checkbox"/>
Down to nothing	Y	N	Y	N	Type of flow <input type="checkbox"/>
Gas or Oil	Y	N	Y	N	Inspected by <input type="checkbox"/>
Water	Y	N	Y	N	Number of <input type="checkbox"/>
					applies <input type="checkbox"/>

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature	OIL CONSERVATION DIVISION
Printed name	Entered into RBDMS
Title	Re-test
E-mail Address	
Date	Phone
Witness: <i>Greg Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM