Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR			باقرب اسانت	FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018	
BUREAU OF LAND MANAGEMENTE SUNDRY NOTICES AND REPORTS ON WELLS				5. Léase Serial No. NMNM118727	
Do not use th	or to re-enter and such proposate	enter and cover and the second		6. If Indian, Allottee or Tribe Name	
	TRIPLICATE - Other instruction		19	7. If Unit or CA/Agree	ement, Name and/or No.
1. Type of Well S Oil Well Gas Well Oth	MAA	NED	8. Well Name and No. ORRTANNA 20 FED 708H		
2. Name of Operator EOG RESOURCES INCORPO	MADDOX ogresources.co	9. API Well No. 30-025-43748-00-S1			
<ol> <li>Type of Well</li> <li>Coil Well</li> <li>Gas Well</li> <li>Otil</li> <li>Otil</li> <li>Otil</li> <li>Gas Well</li> <li>Otil</li> <li>Otil</li> <li>Otil</li> <li>Gas Well</li> <li>Otil</li> <li>Otil</li></ol>	Phone No. (include area code) 432-686-3658	10. Field and Pool or Exploratory Area SANDERS TANK-UPR WOLFCAMP			
4. Location of Well (Footage, Sec., 7	· · · · · · · · · · · · · · · · · · ·	11. County or Parish, State			
Sec 20 T26S R33E SESE 798 32.023945 N Lat, 103.587174			LEA COUNTY,	NM	
12. CHECK THE AI	PPROPRIATE BOX(ES) TO D	NDICATE NATURE OI	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION				
□ Notice of Intent	🗖 Acidize	Deepen	Production (Start/Resume)		□ Water Shut-Off
	Alter Casing	Hydraulic Fracturing	□ Reclamation		Well Integrity
🛛 Subsequent Report	Casing Repair	□ New Construction □ Reco		lete	🛛 Other
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Abandon		Workover Operations
	Convert to Injection	Plug Back	Water Disposal		
Attach the Bond under which the wor following completion of the involved testing has been completed. Final At determined that the site is ready for fi	ally or recomplete horizontally, give su k will be performed or provide the Bo operations. If the operation results in bandonment Notices must be filed only inal inspection. BG AND GAS LIFT VALVES, \$	absurface locations and measur and No. on file with BLM/BIA. a multiple completion or record after all requirements, includi	ed and true ve Required sub npletion in a n	rtical 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 #454410	verified by the BLM Well INCORPORATED, sent to		System	
Com	mitted to AFMSS for processing			(19PP1048SE)	
Name (Printed/Typed) KAY MAD	DOX	TitleREGULA	TORY SPE	CIALIST	
Signature (Electronic S		Date 02/13/20			<u></u>
	THIS SPACE FOR FE	EDERAL OR STATE (	OFFICE US	SE	
Approved By ACC		ز Title			FEB <sub>at</sub> 2 0 2019
Conditions of approval, if any, are attached ertify that the applicant holds legal or equ			/s/ Jonat	hon Shepard	

which would entitle the applicant to conduct operations thereon.

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. States any false, fictitious or nauquicit. States and (Instructions on page 2) \*\* BLM REVISED \*\*

Office