

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTN.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

EOG Resources Inc.

3a. Address

P.O. Box 2267 Midland, Texas 79702

3b. Phone No. (include area code)

432 686 3689

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FEL

Sec 27, T18S, R33E

5. Lease Serial No.

NMNM96781

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Federal MA #1

9. API Well No.

30-025-22008

10. Field and Pool, or Exploratory Area

South Corbin

11. County or Parish, State

Lea NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input checked="" 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 recompleate 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Recomplete and test Bone Spring

1. MIRU and install BOP.
2. Perforate 3rd Bone Spring Carbonate zone using 4" select fire gun from 10080' to 10212'.
3. RIH w/ 2 7/8" tbg and packer to 10220'. Set packer & test plug to 3000 #. Release packer and spot 200 gal 15% HCL + NEFE. Pull packer to 9925', reverse 5 BBLs, set packer & pressure annulus to 500 #.
4. RU service co. & break down perfs. Pump 3800 gal 15% HCL antisludge acid.
5. Record SI pressures. RD.
6. Swab / Test.
7. Return well to production.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Stan Wagner

Title

Regulatory Analyst

Date 7/31/03

APPROVED THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) DAVID R. GLASS

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, makes 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.

FEDERAL MA No.1
R/C in 3rd Bone Spring Carbonate Zones
8 July 2003

PROCEDURE

1. MIRU Well Service Unit. / Install BOP.
2. Load 5 ½" csg .
3. **Perforate 3rd BS Carb Zone:** via 4" select fire csg gun

10212	10178	10142	10112
10210	10176	10140	10106
10190	10170	10134	10097
10189	10168	10128	10088
10180	10166	10126	10080

4. PU & RIH w/ 2 7/8" tbg & pkr to 10220; set pkr & test plug to 3000#, release pkr and spot 200 gals 15 % HCl + NEFE; pull pkr to 9925', reverse 5 Bbls, set pkr., & pressure annulas to 500#.
5. RU service co. on tbg & break down perfs in 500 psi increments waiting 3" each increment until formation breaks / Pump 3800 gals 15% HCl antisludge acid while dropping 40 - 1.3 SpGr RCNs @ 3 - 4 BPM / flush thru bottom perf.
6. Record SI pressures; RD service co.
7. Swab / Test / Report results
8. Return well to production if results are positive.



FEDERAL MA No. 1

1980' FNL 1980' FEL
Sec. 27, T18S, R33E
Lea County, New Mexico

DATA

API#: 30-025-22008

Spud Date: 1/23/67

History

4/8/1967 Morrow Perfs: 13,409' to 13,446'
acidize w/ 1500 gals MCA
Reperf 13,409 to 13,419 / set Model D pkr
Perf: 13,198' to 13,220'
IPF: 2193 MCFD, 82 BOPD @ 1700# ftp

4/26/1987 Acidize Strawn w/ 500 gals 3% HF + 12% HCl

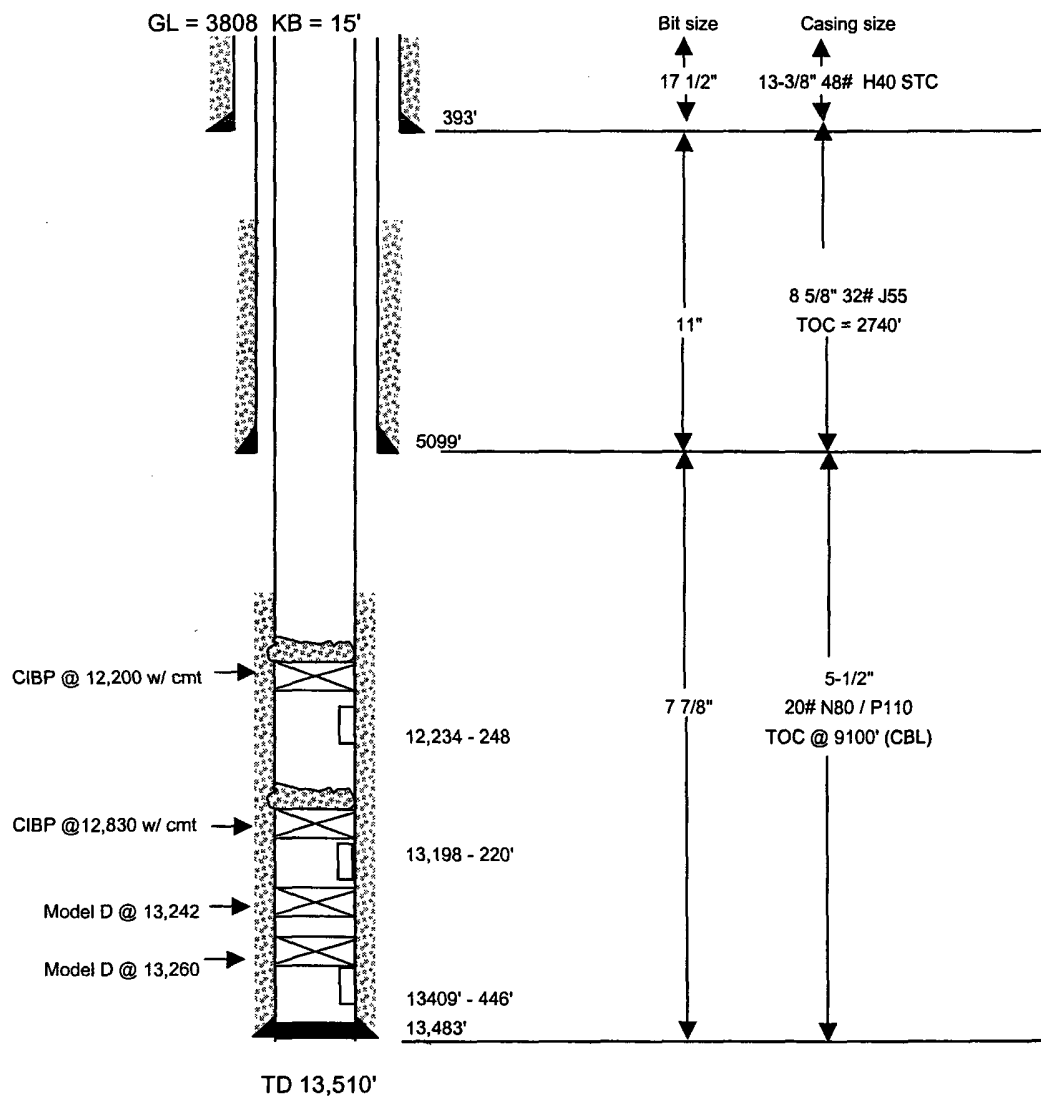
1/1/1969 SI Morrow - from Dual comp.

6/7/1977 TA Strawn

4/6/1978 Acidize Strawn w/ 2000 gals 15% / reacidize
w/ 1000 gals 15% MCA
IPP: 12 BOPD / 5 BWPD / 35 MCFPD

7/21/1987 Drill out CIBP @ 12,800 / Return to Prod.
IPP: 0 BOPD / 0 MCFPD / 6 BWPD

10/17/91 TA well
Set CIBP @ 12,200 w/ 35' cement



7/10/2003