Form 3160-5 (April 2004)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

**OCD-HOBBS** 

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

5. Lease Serial No.

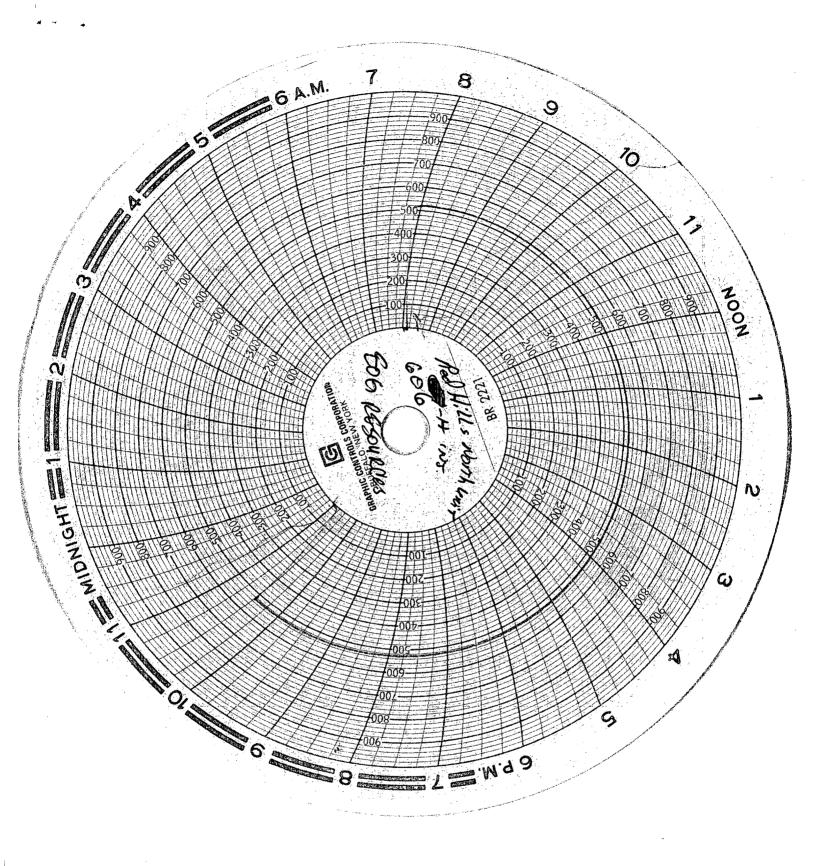
## NIMNIM304

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

6. If Indian, Allottee or Tribe Name

| SUBMIT IN TRIPLICATE - Other instructions on reverse side  |                             |  |              | 7. If Unit or CA/Agreement, Name and/or No Red Hills North Unit |                         |
|--|-----------------------------|--|--------------|---|-------------------------|
| 1. Type of Well  |                             |  |              | NMNM104037X   |                         |
| Oil Well Gas Well X Other  |                             | Water In                               | jection Well | 8. Well Name and  | i No.<br><b>606</b>     |
| 2. Name of Operator  |                             |  |              | :   | 000                     |
| EOG Resources Inc. 3a. Address   | Lai                         |  |              | 9. API Well No.   |                         |
| 30. Thomas in the content of the con |                             |  | 30-025-35901 |   |                         |
| P.O. Box 2267 Midland, Texas 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey I   |                             | 432-686-3684                           |              | 1   | ol, or Exploratory Area |
| 56 T 255 R   |                             | )                                      |              | Red Hills B   |                         |
| 530'5 /650'  | 'E                          |  |              | 11. County or P   | arish, State            |
| 12. CHECK APPROPRIATE  | BOX(ES) TO INDIC            | ATE NATURE OF                          | NOTICE, REPO | ORT, OR OTHE  | ER DATA                 |
| TYPE OF SUBMISSION   |                             | TY                                     | PE OF ACTION |   |                         |
| Notice of Intent   | Acidize                     | Deepen                                 | Production   | (Start/Resume)  | Water Shut-Off          |
|  | Alter Casing                | Fracture Treat                         | Reclamation  | , <u> </u>  | Well Integrity          |
| Subsequent Report  | Casing Repair               | New Construction                       | Recomplete   | ··  | <b>i</b>                |
|  | Change Plans                | Plug and Abandon                       |              |   | Other MTT Test          |
| Final Abandonment Notice   | 1 <b>3</b>                  |  | Temporarily  |   |                         |
|  | Convert to Injection        | Plug Back                              | Water Disp   | osal  |                         |
| 06/15/06 Ran MIT test to 500 psi.  | ,                           | 1000 1000 1000 1000 1000 1000 1000 100 | A 252623     | JUL - S  LES BA PETROLEUM                                       | RYAK                    |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)   |                             | Title                                  |              |   |                         |
| Renee Jarratt  |                             | Produc                                 | tion/Regulat | orv   |                         |
| (Quei Carratt  |                             | Date 06/23/06                          |              |   |                         |
|  | SPACE FOR FEDER             | AL OR STATE OF                         | FICE USE     |   |                         |
| Approved by  |                             | Title                                  |              | Date  |                         |
| Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the   | those rights in the subject | nt or Office<br>lease                  |              |   |                         |



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