

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

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

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

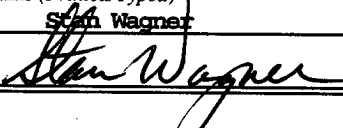
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM-049943
2. Name of Operator EOG Resources Inc.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 2267 Midland, Texas 79702	3b. Phone No. (include area code) 432 686 3689	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 10, T22S, R34E 990' FNL & 660' FEL		8. Well Name and No. Government A No. 2
		9. API Well No. 30-025-28442
		10. Field and Pool, or Exploratory Area Grama Ridge
		11. County or Parish, State Lea NM

12. CHECK 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"/> Fracture Treat	<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 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 checked="" 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 shall 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 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.)

1. Water is produced from the Delaware formation.
2. The well makes approximately 0.5 bbls per day.
3. Water analysis is attached.
4. Water is stored in a 210 bbl fiberglass tank.
5. Water is transported to disposal by truck.
6. Water is disposed of at the Brown No. 5 located 1650' FNL & 990' FWL, Unit E, Sec 25, T25S, R36E, Lea County.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Stan Wagner	Title Regulatory Analyst
	Date 8/3/06

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by 	Title Petri Engr	Date Aug. 21, 2006
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 CFO	

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.

GWW

WATER PRODUCTION & DISPOSAL INFORMATION

In order to process your disposal request, the following information must be completed:

1. Names(s) of all formation(s) producing water on the lease.
Delaware
2. Amount of water produced from all formations in barrels per day.
0.5 BWPD
3. A Current water analysis of produced water from all zones showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates.
4. How water is stored on the lease.
210 bbl fiberglass tank
5. How water is moved to the disposal facility.
Trucked
6. Identify the Disposal Facility by:
 - A. Facility Operator Name Fulfer Oil & Cattle LLC
 - B. Name of facility of well name & number Brown No. 5
 - C. Type of facility of well (WDW)(WIW), etc. WDW
 - D. Location by $\frac{1}{4}$, $\frac{1}{4}$, Section, Township and Range 1650' FNL & 990' FWL
U/L E, Sec 25, T25S, R36E
Lea County
7. Attach a copy of the State issued permit for the Disposal Facility.

Submit all of the above required information to this office, 414 West Taylor, Hobbs, NM 88240, on a Sundry Notice Form 3160-5, 1 Original and 5 copies, within the required time frame. (This form may be used as an attachment to the Sundry Notice.) Call (505) 393-3612 if you need to further discuss this matter.

709 W. INDIANA
MIDLAND, TEXAS 79701
FAX (432) 682-8819

LABORATORY NO. 504-61
SAMPLE RECEIVED 5-10-04
RESULTS REPORTED 5-11-04

LEASE _____ **Government #2**

✓
Greg Ogden, B.S.

OIL AND GAS WASTE HAULER'S AUTHORITY
TO USE APPROVED DISPOSAL/
INJECTION SYSTEM

READ INSTRUCTIONS ON BACK

TYPE OR PRINT USING BLACK OR DARK BLUE INK

5. System operator name (exactly as shown on P-5 organization report):
Fulfer Oil & Cattle Co.

System control address (including zip, state, and zip code):
P.O. Box 578 Jal NM 88252

[illegible]

Other Disposal Systems. Identify exactly as shown on system's Commission-ordered permit.		Permit No.	Type of System
Dist.	Facility Name and County		<input type="checkbox"/> Land Farm <input checked="" type="checkbox"/> Other (Specify SWD)
	Brown SWD Lea Co.	Permit #	<input type="checkbox"/> Land Farm <input type="checkbox"/> Other (Specify)
			<input type="checkbox"/> Land Farm <input type="checkbox"/> Other (Specify)

RAC USE ONLY

10. CERTIFICATION OF SYSTEM OPERATOR

Gregg Fulfer

Signature

Owner

Title

605-395-2927

Phone No.

Date _____

Owner _____ Date _____
 Title _____ Phone No. _____

I certify that the waste handler named above is authorized to dispose of oil and gas waste at the systems identified on this form; that I am authorized to make this report; that this report was prepared by me or under my supervision and direction; and that the data and facts contained herein are true, correct and complete to the best of my knowledge.