

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-HOBBS RECEIVED

FORM APPROVED
OMB NO 1004-0137
Expires July 31, 2010

6. If Indian, Allottee or Tribe Name

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLSAUG 0 6 2010

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals BSOCD

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SUBMIT IN TRIPLICAT	TE - Other instruction	ons on page 2		If Unit or CA/Agreement, Name and Hills North Unit	ind/or No
1. Type of Well Oil Well Gas Well X Other 2. Name of Operator EOG Resources Inc. 3a. Address	Water Injection	3b. Phone No. (include are	Re Ur 9.	Well Name and No. ed Hills North 811 nit API Well No 0-025-32980	
P.O. Box 2267 Midland, Texas 7970	432-686-3689		0. Field and Pool, or Exploratory	Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey II S/L 662 FSL & 509 FWL, Sec 8, T25; BHL 121 FNL & 2400 FEL, Sec 18, T2: 12. CHECK APPROPRIATE	S, R34E 5S, R34E	DICATE NATURE OF N	1		, /
TYPE OF SUBMISSION			PE OF ACTION		
X Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection		Production (Sta	Well Integrity X Other bandon repair leak	
13. Describe Proposed or Completed Operation (clearly If the proposal is to deepen directionally or recomp Attach the Bond under which the work will be per following completion of the involved operations. I testing has been completed. Final Abandonment N determined that the final site is ready for final insper.	lete horizontally, give s formed or provide the l f the operation results i Notices shall be filed or	ubsurface locations and meas Bond No. on file with BLM/ n a multiple completion or re	sured and true vertica BIA. Required subsection in a new	il depths of all pertinent markers at equent reports shall be filed within interval, a Form 3160-4 shall be f	nd zones 1 30 days iled once

- 1. MIRU pulling unit.
- 2. Pull 2-7/8" IPC injection tubing and 2 isolation packers.
- 3. Locate and repair the tubing or packer leak.
- 4. Run the isolation packer assembly and 2-7/8" IPC injection tubing.
- 5. Test the 5-1/2" casing and packer to 500 psi for 30 minutes.
- 6. Return the well to injection.

SEE ATTACHED FOR CONDITIONS OF APPROVAL

SUBJECT TO LIKE APPROVAL BY STATE

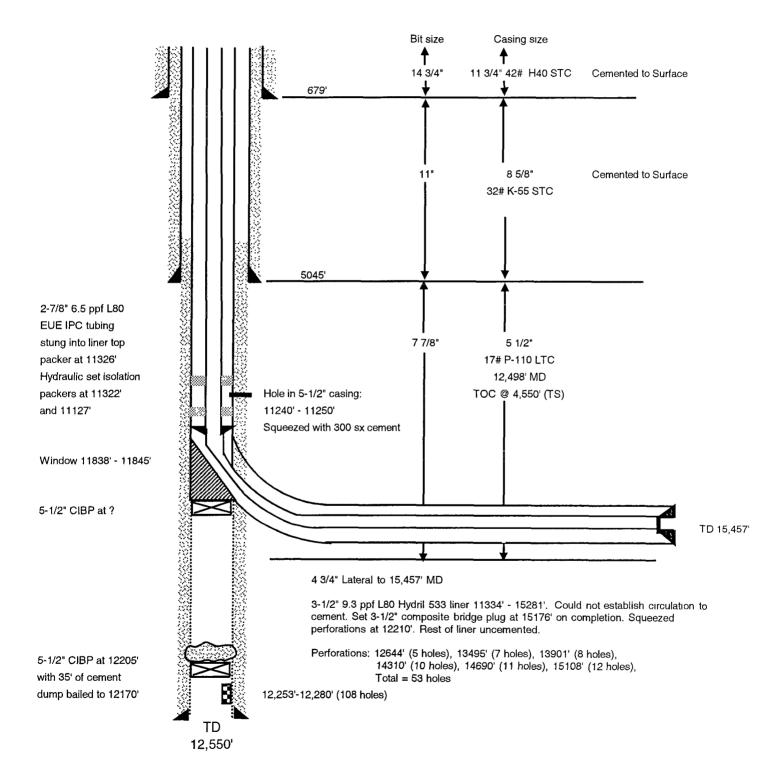
14. I hereby certify that the foregoing is true and correct Name (<i>Printed/Typed</i>)	Title Regulatory Analyst
Stan Wagner	The Regulatory Analyst
Signature Start 11 agr	Date 6/24/10 ADDDOVED
THIS SPACE FOR FEDE	RAL OR STATE OFFICE USE
Approved by	Title AUG 3 2010 Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify the applicant holds legal or equipple title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office /s/ Dustin Winkler



Seogresources

Red Hills North Unit No.811H WIW

509' FWL & 662' FSL Sec. 8-25S-34E Lea County, New Mexico API 30-025-32980



EOG Resources Inc. NM-108500 – Red Hills North Unit #811 API: 30-025-32980 Lea County, New Mexico

RE: Tubing Repair - Conditions of Approval

There is to be no surface disturbance beyond the originally approved pad without prior approval. A closed loop system is to be used. H2S monitoring and protection equipment is to be on site.

Pressure test the casing to the maximum approved injection pressure (3265 psi) prior to installing tubing and packer. Double packer is **not** approved. Set packer below casing leak.

Install monitoring system on the tubing x casing annulus and the casing x casing annulus.

Submit subsequent report once work is completed.

DHW 071910