Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.

					NMNM96781 6 If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICAT	7 If	Unit or CA/Agree	ement, Name and/or No					
1. Type of Well X Oil Well Gas Well Other 2 Name of Operator			1	ell Name and No	,			
BOG Resources Inc. 3a. Address P.O. Box 2267 Midland, Texas 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey Inc.) 1980 FSL & 1980 FWL, U/L K Sec 28, T18S, R33E	2	b. Phone No (<i>include are</i> 432–686–3689	20 code) 30-0 10. I Sout	9. API Well No. 30-025-26567 10. Field and Pool, or Exploratory Area South Corbin 11. County or Parish, State				
12. CHECK APPROPRIATI	F BOY(ES) TO INDIC	ATE NATURE OF N	Lea		NM /			
	E BOX(ES) TO INDIC		PE OF ACTION	KOHEKDA	IA			
TYPE OF SUBMISSION			TE OF ACTION					
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Deepen Fracture Treat New Construction Plug and Abandon	Production (Start/R Reclamation Recomplete Temporarily Abane	x c	Water Shut-Off /ell Integrity Other			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	Prod	uction Test			
Attach the Bond under which the work will be per following completion of the involved operations. I testing has been completed. Final Abandonment Metermined that the final site is ready for final inspection of the involved operations. I testing has been completed. Final Abandonment Metermined that the final site is ready for final inspection. 8/09/10 Shut-in well at 12:30 PM 24 hour Shut-in pressure 8/10/10 Returned to production a 8/11/10 Tubing pressure - 220 ps Casing Pressure - 42 psi 39 BOPD, 53 MCFPD, 75 BW 8/12/10 Tubing pressure - 250 ps Casing pressure - 40 psi 53 BOPD, 76 MCFPD, 42 BW 8/13/10 Tubing pressure - 200 ps Casing pressure - 40 psi 36 BOPD, 63 MCFPD, 40 BW Shut-in well at 12:05 PM	If the operation results in a relation shall be filed only a section.) If MST. If reading - Tubing at 12:45 PM MST. If IPD If IPD If IMST per BLM.	multiple completion or re after all requirements, inc	completion in a new interluding reclamation, hav	ECEIVE DE SSOCI	60-4 shall be filed once d, and the operator has psi.			
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Stan Wagner		Title Regula	tory Analyst					
Signature the hand			FPTFD FOR R	ECUBU				
THIS	S SPACE FOR FEDER		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Approved by Conditions of approval, if any, are attached. Approval of this not the applicant holds legal or equitable title to those rights in the sul	ice does not warrant or certify t	Title	AUG 3 1 2010 Dustin Wink		SEP 0 7 2010			
the applicant holds legal or equitable title to those rights in the sulentitle the applicant to conduct operations thereon. Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, r			ENH OF LAND MANA	TMENT .	States any false,			
fictitious or fraudulent statements or representations as to any ma	atter within its jurisdiction.	<u> </u>	VINLANIA LILLA AL					

Form 3160-9 (December 1989)

BLM COPY

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Number	ASC-118-10
Page	of
Idantifi-	

53

RR

Type of Inspection

	Identification	
IID		
Lease	NMNM96781	
CA		
Unit		
PA		

Hand Delivered Received	NOTICE O	FINCIDE	FNTC	ΩE	NONCO	ARAIDT TAP	NCE	CA		
ш »	NOTICE	r IIVCIDI	C14 1 9	Or	HONCO	IVIF LIAI	NCE	Unit PA		
Bureau of Land Management Office				Operato						
HOBBS INSPECTION OFFICE				Operator EOG RESOURCES INCORPORATED						
	WEST TAYLOR BBS NM 88240			Address			BOX 220			
Telephone	575 000 0040			Attentio	n					
575.393.3612				Attn Ad	de					
CORTEZ			ľ	Aun Addr						
Site Name	Well or Facility	* 1			Range	Meridian	County	ounty State		
QUERECHO Site Name	01 Well or Facility	NESW 28 1/4 1/4 Section	18 Township		33E	NMP Meridian	G	LEA	NM	
old Ivalic	Well of Facility	1/4 1/4 Section	lownsmp	•	Range	Mendian	County		State	
THE FOLLOWING VIOL	ATION WAS FOUND BY B	UREAU OF LAN	D MANA	GEME	NT INSPECTOR	S ON THE DAT	E AND AT	THE SITE LE	STED ABOVE	
Date	Time (2	4 - hour clock)			Violati	on		Gravity of Violation		
08/03/2010					43 CFR 316	2.3-2 (a)		MI	NOR	
Corrective Action To Be Completed By	Date	: Corrected			Assessment for N	oncompliance		Assessment Reference		
08/24/2010								43 CFF	43 CFR 3163.1()	
Company Comments	egulatory Anal	lyst .	Signati		Stan h	ague		Date	8/17/10	
See	attached Su.	ndry No	tice.	-						
				·						
Incidents of Noncompliance correct earlier. Each violation must be cortaddress shown above. Please note that comply as noted above under "Civil Penalties (43 CFR 3163.2). Section 109(d)(1) of the Federal Offitle 43 CFR 3163.2(f)(1), provide notices, affidavits, record, data, or day such violation continues, not to	rected within the prescribed hat you already may have b Corrective Action To Be Co All self-certified corrections I and Gas Royalty Manager is that any person who "know other written information re	es begin upon re- time from receip een assessed for impleted By" you must be postmai ment Act of 198; wingly or willfur quired by this pa	pt of this less noncomp u may incorked no la 2, as impl	nis Notice Notice Diance ar an a ater tha	and reported to a (see amount unadditional assessant the next busing ad by the applications or submitted to the control of t	the Bureau of L der "Assessment ment under (43 ess day after the able provisions of the false innover-	and Manage for Nonco CFR 3163 prescribed	gement office impliance"). I 1) and may a time for corr	at the If you do also incur ection. ons at	
		REVIEW A	ND AF	PEA	L RIGHTS					
A person contesting a violation shall receipt of the Incidents of Noncomp Interior Board of Lands Appeals, 80 Management office for further informations of the control of	I request a State Director re liance with the appropriate I North Quincy Street, Sui	view of the Incid	dents of N	loncom	pliance. This re	equest must be f	400000000000000000000000000000000000000	L 1 -	- 1 · 1	
Signature of Bureau of Land Management	nt Authorized Officer		-				Date 8 -	3-10	Time /6/5	
	4.13	FOR (OFFICE	USE C	NLY		1	, 0		
Number	Date	Assessmen	nt		Penalty	,		Termination		