

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

FORM 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.*

File No.  
NM81633

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
RED TANK "23" FC 2

9. API Well No.  
30-025-35689

10. Field and Pool, or Exploratory  
BOOTLEG RIDGE (BONE SPRINGS)

11. County or Parish, and State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other: UNKNOWN OTH

2. Name of Operator  
EOG RESOURCES, INC.  
Contact: BEV HATFIELD  
E-Mail: beverly\_hatfield@eogresources.com

3a. Address  
P. O. BOX 2267  
MIDLAND, TX 79702  
3b. Phone No. (include area code)  
Ph: 915.686.3689  
Fx: 915.686.3765

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 23 T22S R32E SESW 660FSL 1980FWL

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 checked="" 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 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 site is ready for final inspection.)

INTEND TO PLUG BACK AND RECOMPLETE IN THE BONE SPRINGS.

- 1) SET CIBP +/- 14,500' W/35' CMT ON TOP. (PERFS 14691-14726)
- 2) SET CIBP +/- 11,500' W/35' CMT ON TOP. (TOP OF LINER 11,877')
- 3) PERF, ACIDIZE COMPLETE WELL IN THE BONE SPRINGS.

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed) BEV HATFIELD

Title

Sr. Regulatory Admin.

Signature

APPROVED

Date 12/11/2001

SGD. DAVID B. GLASS

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

DEC 13 2001

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, make 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.

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