

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

Form 3160-5
(August 1999)
(1 original, 5 copies)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

5	Lease Serial No. NMNM 19623
6	If Indian, Allottee or Tribe Name
7	If Unit or CA/Agreement, Name and/or No.
8	Well Name and No. Vaca "13" Federal No. 8
9	API Well No. 30-025-35846
10	Field and Pool, or Exploratory Red Hills: Bone Spring
11	County or Parish, State Lea Co. NM

1. Type of well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator EOG Resources, Inc.	
3a. Address P.O. Box 2267, Midland, TX 79702	3b. Phone No. (include area code) (915)686-3714
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	

S/L 2310' FSL & 2310' FEL Sec 13 T-25-S; R-33-E
BH/L 330' FSL & 330' FWL Sec 13 T-25-S; R-33-E

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 checked="" 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 checked="" type="checkbox"/> Other
	<input checked="" 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 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 recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zone. 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 recomple 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.

EOG Resources, Inc proposes to drill this well as a Horizontal Well. Well will be drilled to Bone Spring Formation as previously approved, then taken horizontal an additional 3,308.1'. Measured depth will be 15,400±, TVD will be 12,260±. Attached hereto are revised Casing and Mud programs. Also attached is Plat with surface and bottom hole locations.

APPROVED

AUG 9 2002

GARY GOURLEY
PETROLEUM ENGINEER

Title

Agent

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Mike Francis

Signature

Mike Francis

Date 8/2/2002

FEDERAL OR STATE OFFICE USE

Approved by	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 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.

SUBJECT TO
LIKE APPROVAL
BY STATE

KZ

RECEIVED
2002 AUG -5 AM 9:18
JULY 10 2002
RECEIVED OFFICE

REVISED CASING PROGRAM
EOG RESOURCES, INC.
Vaca "13" Federal No. 8
Lea Co, NM

1. CASING PROGRAM

<u>Hole Size</u> <u>Type</u>	<u>Interval</u>	<u>OD Casing</u>	<u>Weight</u>	<u>Grade</u> <u>Jt. Cond.</u>
17-1/2"	0-675'	13-3/8"	48#	H-40 ST&C
12-1/4"	0-5050'	9-5/8"	40#	J55 HCK55
8-3/4"	0-12430'	7"	26#	HCP-110 LT&C & STL
6-1/8"	12430'-15400'	4-1/2"	11.35#	HCP-110 Buttress

Cementing Program:

17-1/2" Surface Casing:	Cement to surface with 370 s Prem Plus, 3% Econolite, 2% Calcium Chloride, 0.25#/sx Flocele, 150 sx Prem Plus, 2% Calcium Chloride
9-5/8" Intermediate:	Cement to seurface with 1130 sx Interfill C, .25#/sx flocele, 250 sx Premium Plus, 2% Calcium Chloride
7" 2 nd Intermediate:	Cement with 600 sx Premium, 3% Econolite, 5# Salt, ¼ flocele, 0.2% Retorder + 250 sx Premium 50/50 POZ, 2% gel, 0.5% Fluid Loss Control
4-1/2" Production Liner:	Cement with 250 sx Premium Acid Soluble 0.6% Holad 344, 0.7% Econolite, 0.1% HR5 0.5% SCR-100, 98.1#/sx FOP-C558

2. REVISED MUD SYSTEM

The well will be drilled to TD with a combination of brine, cut brine, and polymer/KCL mud system. The applicable depths and properties of this system are as follows:

<u>Depth</u>	<u>Type</u>	<u>Wt</u> <u>(PPG)</u>	<u>Viscosity</u> <u>(sec)</u>	<u>Water loss</u> <u>(cc)</u>
0-1100	Fresh Water (Spud Mud)	8.5	40-45	N.C.
1100-5050	Brine Water	10.0	30	N.C.
5050-12430	Cut Brine + Polymer/KCL	8.8 – 9.2	28	N.C.
12430-TD	Oil Base	8-8.3	45-60	4-6

Sufficient mud materials to maintain mud properties and meet minimum lost circulation and weight increase requirements will be kept at the wellsite at all times.

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
PO Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-10
Revised February 21, 199
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

*API Number 30-025-35846		*Pool Code 51020	*Pool Name Red Hills; Bone Spring
*Property Code 4094	*Property Name VACA "13" FEDERAL		*Well Number 8
*OGRID No. 7377	*Operator Name EOG RESOURCES INC.		*Elevation 3355

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	13	25-S	33-E		2310	SOUTH	2310	EAST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	13	25-S	33-E		330	SOUTH	330	WEST	LEA

*Dedicated Acres	*Joint or Infill	*Consolidation Code	*Order No.
160			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>16</p> <p>EOG RESOURCES INC. VACA "13" FEDERAL No. 8 ELEV.=3355' Y=411777.54 X=750384.39 LAT.=32°07'46.23" LONG.=103°31'28.20"</p> <p>BOTTOM HOLE LOCATION Y=409778.08 X=747748.97 LAT.=32°07'26.64" LONG.=103°31'59.02"</p>	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Mike Francis</i> Signature Mike Francis Printed Name Agent Title 8/2/2002 Date</p>
	<p>18 SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to best of my belief.</p> <p>JULY 24, 2002 Date of Survey Signature and Seal of Professional Surveyor: James E. Tompkins REGISTERED PROFESSIONAL SURVEYOR NEW MEXICO 14729 Certificate Number: 14729</p>

Amended Plat