RAILROAD COMMISSION OF TEXAS
Oil and Gas / Admin. Compliance
PO Box 12967
Austin TX 78711-2967

READ INSTRUCTIONS ON BACK

CERTIFICATION OF SURFACE EQUIPMENT REMOVAL FOR AN INACTIVE WELL

Form W-3C
(Rev. 09/2011)

1. OPERATOR NAME exactly as shown on P-5, Organization Report	2. OPERATOR ADDRESS including city, state and zip code
EOG Resources, Inc	P.O. Box 2267 Midland, TX 79702
3. OPERATOR P-5 NO. 253162	

- If you are filing for a single well:

4. LEASE NAME as shown on Proration Schedule		5. FIELD NAME as shown on Proration Schedule		
University 15-17		Coachwhip (Bend Conglomerate)		
6. API NUMBER	4. RRC DISTRICT NO.	8. OIL LEASE / GAS ID NO.	9. WELL NO.	10. COUNTY
42- 461-36455	7C	254945	1	Upton

OR

- If you are filing for an attached listing of wells:

11.
The _____ wells listed on the attached _____ pages. (See Instructions for listing requirements.)
Number of Wells — Number of Pages

NOTE: BY ATTACHING A LISTING OF WELLS, YOU CERTIFY THAT ALL WELLS ON THE ATTACHED LISTING HAVE BEEN PLACED IN COMPLIANCE WITH THE SURFACE EQUIPMENT REMOVAL REQUIREMENTS AS SPECIFIED BELOW.

I, the undersigned, certify that: (check all that apply)		Required for:
[X] A	electric service to the production sites for the well(s) identified above has been physically terminated, or the sites do not have electrical service. (See instructions.)	a well or wells which have been inactive for 12 months or longer.
[X] B1	all piping, tanks, vessels, and equipment associated with and exclusive to the well identified above have been emptied or purged of production fluids; OR	a well or wells that have been inactive for at least five (5) years but less than ten (10) years.
[ ] B2	the operator owns the surface of the land where the well(s) is located.	
[ ] C1	all surface equipment and related piping, tanks, tank batteries, pump jacks, headers, fences, and firewalls associated with and exclusive to the well(s) identified above have been removed, all open pits associated with and exclusive to the well(s) identified above have been closed and all junk and trash, as defined by Commission rule, have been removed*; OR	a well or wells that have been inactive for at least ten (10) years. * for additional information regarding wells identified as inactive more than 10 years as of 9/1/10, please see instructions and/or SWR 15(i)(5)
[ ] C2	the operator owns the surface of the land where the well is located; OR	
[ ] C3	the well is part of a Commission recognized EOR project and the equipment remaining on the lease is solely associated with current and future operations of the project.	
[ ] D	I am unable to comply with the surface equipment cleanup/removal requirements due to safety concerns or required maintenance of the well site. I have attached a written affirmation of the facts regarding the safety concerns or maintenance and request a temporary exception. ***($150 fee per well required)***	See instructions and/or SWR 15(i)(3).

CERTIFICATION: I declare that the above certification(s) are based on my personal knowledge of the physical condition of the inactive well identified in this application, that this report was prepared by me or under my supervision or direction, and that I am authorized to make this report. I further acknowledge that this certification is made pursuant to the provisions of Texas Natural Resources Code Section 91.143, which relates to false filings of Commission reports, and provides for the Commission to levy an administrative penalty of up to $1,000.00 for each false filing.

R Humphreys
Signature

Robert Humphreys
Name (print or type)

Rep. ROW & Lease Opns II
Title

09-01-16
Date

432-686-3693
Phone No.

Contact Person and Phone Number if different from above: _____