THOMAS GARY L Form 4 July 06, 2010

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Form 4 or Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

| THOMAS GARY L | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | Issuer | | | |
|--------------------------------------|--|---------------|---|---|-------------|---|-------------|--|--|---|--|
| | | | EOG R | ESOURC | ES INC | [EO | 3] | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | | • | | | |
| PO BOX 4362 | | | (Month/I 07/02/2 | Day/Year) 2010 | | | | Director 10% OwnerX Officer (give title Other (specify below) Sr. Executive VP - Operations | | | |
| | 4. If Am | endment, Da | ate Origina | l | | 6. Individual or Joint/Group Filing(Check | | | | | |
| HOUSTON | Filed(Mo | onth/Day/Year | r) | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| поозтог | N, 1A //002 | | | | | | | Person | | | |
| (City) | (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date any (Month/Day/Year) | | on Date, if | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock - Phantom | 07/02/2010 | | | A | 11.548 | | \$ 98.34 | 139,664.739 | D | | |
| Common Stock | | | | | | | | 223,894 | D | | |
| Common Stock | | | | | | | | 5,767 | I | 401(k) Plan | |
| Reminder: Re | port on a separate | line for each | class of sec | urities benef | icially owr | ned din | rectly or i | ndirectly. | | | |

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(9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc Expiration D | | 7. Tit | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|-----------------|----------------------------------|--|--------------------|--------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | execution Date, if any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (A) or | of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | Secur | rlying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code \ | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

THOMAS GARY L PO BOX 4362 HOUSTON, TX 77002

Sr. Executive VP - Operations

Signatures

Vicky Strom, Attorney-In-Fact for Gary L. Thomas

07/06/2010

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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