Submit 3 Copies To Appropriate Dist		f New Mexico	Form C-103
Office District I	Energy, Minerals	and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 8724			WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88	210	VATION DIVISION	30-015-33856 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 874		th St. Francis Dr. Fe, NM 87505	STATE 😿 FEE 🗆
District IV	- Carron	re, 19101 67303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	1 87505		o. State of & Gas Lease No.
	OTICES AND REPORTS		7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR I DIFFERENT RESERVOIR. USE "/ PROPOSALS.)			State A 32
1. Type of Well: Oil Well Gas Well	X Other	RECEIVED	8. Well Number
2. Name of Operator	LA Offici		9. OGRID Number
EOG Resources Inc.		MAY 1 7 2005	7377
3. Address of Operator		ODD:AHTEOIM	10. Pool name or Wildcat
P.O. Box 2267 Midland	l, Texas 79702		Wildcat; Wolfcamp
4. Well Location			
Unit LetterP	: 1300 feet from t	neS line and	990 feet from the E line
Section 32	Township	19S Range 28E	NMPM County Eddy
	11. Elevation (Sho	w whether DR, RKB, RT, GR, e	tc.)
Pit or Below-grade Tank Application	on O or Closure O	3313 Ct.	
Pit type Depth to Ground	dwater Distance from	nearest fresh water well D	istance from nearest surface water
Pit Liner Thickness:	mil Below-Grade Tar	ik: Volumebbls; Construct	ion Material
NOTICE OF PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	INTENTION TO:	REMEDIAL WORK COMMENCE DRILL CASING TEST AND CEMENT JOB	BSEQUENT REPORT OF: ALTERING CASING [LING OPNS. PLUG AND ABANDONMENT D ABANDONMENT
OTHER:		OTHER: Completi	
 Describe proposed or com of starting any proposed v or recompletion. 	pleted operations. (Clearly work). SEE RULE 1103. F	state all pertinent details, and givor Multiple Completions: Attac	ve pertinent dates, including estimated date h wellbore diagram of proposed completion
5/3/05 RIH and set 5/4/05 Made 5 swab 5/5/05 Swab, well s	runs. SDFN.	ail 25' cement on CIBP iso	lating Penn perfs 9550' - 9632.
I hereby certify that the informa	tion aboye is true and comp	lete to the best of my knowledg	ge and belief. I further certify that any pit or below-
41	ted or closed according to NMO		or an (attached) alternative OCD-approved plan
SIGNATURE The		E-mail address:	DATE 5/9/05
Type or print name Stan Wagr			Telephone No. 432 686 3689
For State Use Only	FOR RECORDS C	DMFA	MAY 27200
APPROVED BY		TITLE	DATE
Conditions of Approval, if any:			