

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-10414
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-636
7. Lease Name or Unit Agreement Name Archimedes SWD
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat SWD; Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3838'KB

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD	
2. Name of Operator EOG Y Resources, Inc.	
3. Address of Operator 104 S. Fourth St. Artesia, NM 88210	
4. Well Location Unit Letter <u>J</u> : <u>1650</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>18</u> Township <u>21S</u> Range <u>24E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3838'KB	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: MIT <input checked="" type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5 year MIT performed on 8/14/18, passed.

Witnessed by Gilbert Cordero, OCD and Chance Sexton, EOGY.

Copy of chart attach.

RECEIVED

AUG 21 2018

DISTRICT II-ARTESIA O.C.D.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

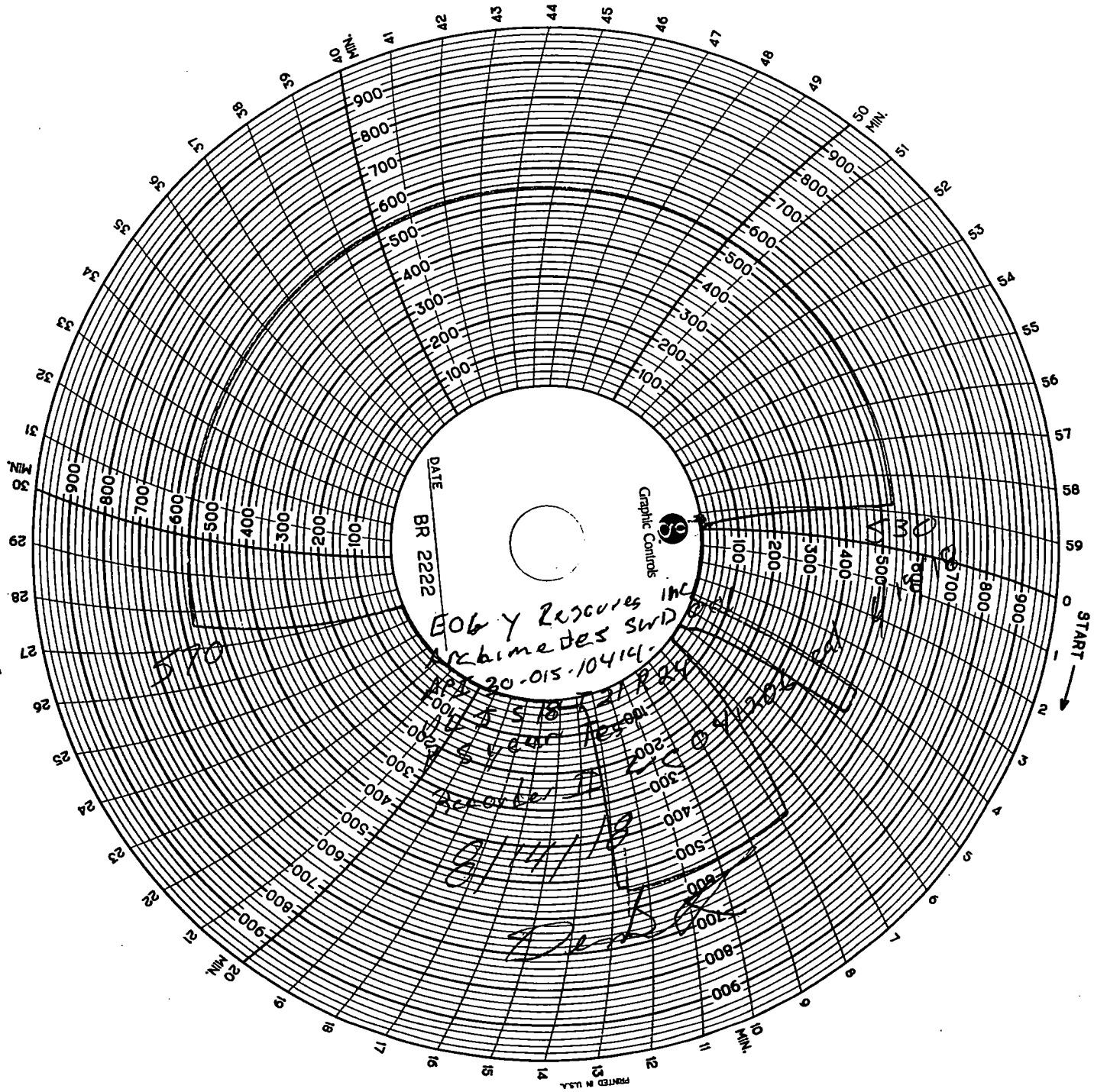
SIGNATURE Miriam Morales TITLE Prod. Acct. Asst. DATE 8/16/18

Type or print name Miriam Morales E-mail address: Miriam_morales@eogresources.com PHONE: 575-748-4200

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 8-22-18

Conditions of Approval (if any):



State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

Ken McQueen
Cabinet Secretary

Matthias Sayer
Deputy Cabinet

Heather Riley, Division Director
Oil Conservation Division



Date 8/14/18

API # 30-0 15-10414

Dear Operator:

I have this date performed a Mechanical Integrity Test on the Archimedes SWD 001

☒ If this test was successful the original chart has been retained by the operator. Send a legible scan of the chart with form C-103 indicating reason for test. It will be scanned into the well file in 7 to 10 days (pending receipt of legible scan and form C-103). The well files are located at www.emnrd.state.nm.us/ocd/OCDOnline.htm

☐ If this test was unsuccessful the original chart has been returned to the operator pending repair and retest of the well, which must be accomplished within 90 days. If this is a test of a repaired well, previously in non-compliance, all dates and requirements of the original non-compliance are still in effect. No expectation of extension should be construed because of this test.

☐ If this test was for Temporary Abandonment include in your detailed description, on Form C-103, the location of the CIBP and any other tubular goods in the well, as well as your request for TA status. Include how long you are requesting the TA status for.

☐ If this is a successful test of a repaired well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the repair to the well. Only after receipt of the C-103 will the non-compliance be closed.

☐ If this is a successful Initial Test of an injection well you must submit a form C-103 to NMOCD within 30 days. This C-103 must include a **detailed** description of the work done on this well **including the position of the packer, tubing information, the date of first injection, the tubing pressure and injection volume. Contact Rusty Klein at 575-748-1283 x109 to verify all required paperwork has been received before you can begin injection.**

If I can be of additional service contact me at (575) 748-1283 Ext 114.

Thank You,

Gilbert Cordero
Staff Manager
District II - Artesia

RECEIVED

AUG 21 2018

DISTRICT II-ARTESIA O.C.D.