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Submit One Copy To Appropriate District	State of New Mexico			Form C-103	
Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 JAN 2 27219 , Minerals and Natural Resources District II			Revised November 3, 2011 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 VIII B CONCEPTION ATTION OF THE DIMENSION				30-015-21129	
811 S. First St., Artesia, NM 8821 Provide IL ARTESIA OCD SERVATION DIVISION				5. Indicate Type of Lease	
1000 Pio Brazos Rd. Aztec. NM 87410				STATE 🗌 FEE 🛛	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil	& Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name	
(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				Jackson Estate BY 8. Well Number	
PROPOSALS.)				6	
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator				9. OGRID Number	
EOG Y Resources, Inc.				025575	
3. Address of Operator				10. Pool name or Wildcat	
105 South Fourth Street, Artesia, NM 88210				Eagle Creek; San Andres	
4. Well Location					
Unit Letter <u>K</u> : <u>2310</u>) feet from the	South I	ine and <u>1650</u>	_ feet from	n the <u>West</u> line
Section 22		17S Rai		NMPM	Eddy County
	11. Elevation (Show wh	ether DR, 3539')	·
12. Check Appropriate Box to I	ndicate Nature of N	lotice, Re	port or Other D	ata	
NOTICE OF INT		1	CLID		REPORT OF:
	PLUG AND ABANDON		REMEDIAL WORI		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
		_			
OTHER: All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.					
 All pits have been remediated in compliance with OCD fulles and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. 					
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the					
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR					
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
TERMANENTET STAMLED ON THE MARKER S SORFACE.					
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and					
other production equipment. Hower lines foles Not Removed Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
Anchors, dead men, the downs and risers have been cut off at least two feet below ground level.					
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed					
from lease and well location. $C_{AS} = M_{c} + f_{c} + C_{u} + C_{u} + C_{c} + C_{c}$					
from lease and well location. (A5, a Mist be Cut 3' BCL (See COA's) All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
to be removed.)		000	1		
 All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- 					
retrieved flow lines and pipelines. No, active pipeline(s) within EOG Y Resources gas system.					
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well					
location, except for utility's distribution infrastructure. CVE has been notified.					
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE	M.	TITLE:	Environmental Sug	pervisor	DATE <u>1/21/2019</u>
TYPE OR PRINT NAME: <u>Robert As</u>	her	E-MAIL	Robert Asher@e	ogresources o	om PHONE: <u>575-748-4217</u>
For State Use Only				-	<u></u>
			DEN	IED	num ihala
APPROVED BY: Conditions of Approval (if any):		TITLE			DATE <u>//23//9</u>
Conditions of Apploval (II ally).					•

Conditions of Approval (if any):