Submit One Copy To Appropriate Distri Office		f New Me	exico		Form C-103
Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 AUG 2 7 2019 Energy, Minerals and Natural Resources				Revised November 3, 2011 WELL API NO.	
District II 811 S. First St., Artest St.,				30-015-27777	•
811 S. First St., Artesia, MI 88210	1220 South St. Francis Dr.			5. Indicate Typ	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE	FEE
District IV Salita FC, INIVI 87505 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & C	jas Lease No.
87505 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				7. Lease Name or Unit Agreement NameNDDUP Unit8. Well Number	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				86	
2. Name of Operator				9. OGRID Number	
EOG Resources, Inc.				7377	
3. Address of Operator				10. Pool name or Wildcat	
104 South Fourth Street, Artesia, NM 88210				Dagger Draw; Upper Penn	
4. Well Location					
Unit Letter <u>N</u> : <u>810</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line					
Section 20 Township 19S Range 25E NMPM Eddy County					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3540' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
	INTENTION TO:		SUB	SEQUENT RI	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				ILLING OPNS. 🗌 P AND A 🔄	
PULL OR ALTER CASING 📋 MULTIPLE COMPL 🔲 CASING/CEMEN				Г ЈОВ 🛛	
			M Leastion is m		nastion offer D8 A
OTHER: Incompliance with OCD rules 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					
ODED (TOD NUME LEVER NAME WELL NUMBER AD NUMBER OUL DED OULDED LOCATION OD					
<u>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					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
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. Buried Power Lines Not Removed Anchors, dead men, tie 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. f_{form} L_{form} Nof Removed. (Poured onsite concrete bases do not have All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have					
All metal bolts and other mate	erials have been removed.	Portable ba	ses have been remo	ved. (Poured onsi	te concrete bases do not have
to be removed.) $C_{A} b l_{e} N_{o}$, T Nenoved (E	Side	rules A	al +	l + l + l
 All other environmental cond Pipelines and flow lines have 	e been abandoned in accord	lance with 1	9.15.35.10 NMAC	All fluids have h	been removed from non-
to be removed.) Cable Not Removed (E side) All other environmental concerns have been addressed as per OCD rules. Bur, ed Plast ce Liner Not Removed 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 Resources gas system. The sh					
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.					
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE	.u.	_TITLE: _	Environmental Su	pervisor	DATE <u>8/27/2019</u>
TYPE OR PRINT NAME: <u>Robe</u>	ert Asher	E-MAIL ·	Robert Asher@e	ogresources.com	
For State Use Only				-	GC
-			243. EEF (3. 11. 11		
APPROVED BY: Conditions of Approval (if any):	DENIED	_TITLE	DEN		DATE 8/28/19

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