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| CED | 20 | 5019 | N |

| Submit One Copy To Appropriate And First A DISTRICT Submit One Copy To Appropriate And First A DISTRICT Submit One Copy To Appropriate And First A DISTRICT State of New Mexico | | | | |
|--|---------------------------------------|--|--|--|
| Submit One Copy To Appropriate Anstrict State of New Mexico Office District I SEP 20 Energy, Minerals and Natural Resources | Form C-103 | | | |
| | Revised November 3, 2011 WELL API NO. | | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | 30-015-26272 | | | |
| District II 811 S. First St., Artesia, NM 88210 RECEIVED CONSERVATION DIVISION | 5. Indicate Type of Lease | | | |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 | STATE X FEE | | | |
| District IV Santa Fe, NW 8/505 | 6. State Oil & Gas Lease No. | | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | |
| 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 | SAND DUNE STATE | | | |
| PROPOSALS.) | 0 W-11 N I #1 | | | |
| 1. Type of Well: X Oil Well Gas Well Other | 8. Well Number #1 | | | |
| 2. Name of Operator | 9. OGRID Number | | | |
| EOG RESOURCES, INC 3. Address of Operator | 7377 10. Pool name or Wildcat | | | |
| PO BOX 2267 MIDLAND, TEXAS 79702 | 10. Foot name of whiceat | | | |
| 4. Well Location | | | | |
| Unit Letter <u>K</u> : <u>1980</u> feet from the SOU <u>TH</u> line and <u>1980</u> feet from the <u>W</u> | FST line | | | |
| Section 11 Township 198 Range 29E NMPM County Eddy | ine . | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc., | | | | |
| 3398' GL | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other D | ata | | | |
| NOTICE OF INTENTION TO | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | |
| TEMPORARILY ABANDON | | | | |
| FOLE OR ALTER CASING MOLTIFLE COMPL CASING/CEMENT JOB | | | | |
| OTHER: Location is ready for OCD inspection after P&A | | | | |
| All pits have been remediated in compliance 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 | | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR | | | | |
| 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. | | | | |
| 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. | | | | |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.) | | | | |
| 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. | | | | |
| 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. | | | | |
| when an work has been completed, return this form to the appropriate District office to sen | edule all hispection. | | | |
| Va Maddal | 01 | | | |
| SIGNATURE LAY MADDY TITLE: REGULATORY SPI | ECIALIST DATE 9/17/2019 | | | |
| TYPE OR PRINT NAME: KAY MADDOX E-MAIL: <u>kay_maddox@eogresources.com</u> PHONE: 432-686-3658 | | | | |
| For State Use Only | | | | |
| | /. / | | | |
| APPROVED BY: TITLE State | DATE | | | |
| Conditions of Approval (if any): | | | | |