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| FEB 2 7 2020 . | | |
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| Subplit One Copy To Appropriate District State of New Mexico | Form C-103 Revised November 3, 2011 | |
| 1625 N. French Dr., Hobbs, NM 88240 | WELL API NO 30-015-02022 | |
| District IIOIL CONSERVATION DIVISION811 S. First St., Artesia, NM 882100IL CONSERVATION DIVISIONDistrict III1220 South St. Francis Dr. | 5. Indicate Type of Lease STATE X FEE | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name STATE G | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | |
| 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other | 8. Well Number #1 | |
| 2. Name of Operator EOG RESOURCES, INC | 9. OGRID Number 7377 | |
| 3. Address of Operator PO BOX 2267 MIDLAND, TEXAS 79702 | 10. Pool name or Wildcat ARTESIA;QWN-GRYBRG-SAN ANDRES | |
| 4. Well Location | | |
| Unit Letter L_: <u>1570</u> feet from the SOUTH line and <u>250</u> feet from the <u>WI</u> Section <u>23</u> Township <u>18S</u> Range <u>28E</u> NMPM EDD | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN | IT JOB | |
| OTHER: D Location is r | eady 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. | | |
| \blacksquare A steel marker at least 4" in diameter and at least 4' above ground level has been set i | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, Q | UARTER/OUARTER LOCATION OR | |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATI | | |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE. | | |
| $\overline{\mathbf{X}}$ The location has been leveled as nearly as possible to original ground contour and has other production equipment. | been cleared of all junk, trash, flow lines and | |
| 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- | | |
| etrieved flow lines and pipelines. | | |
| If this is a one-well lease or last remaining well on lease: all electrical service poles ar location, except for utility's distribution infrastructure. | id lines have been removed from lease and well | |
| When all work has been completed, return this form to the appropriate District office to sch | hedule an inspection. | |
| SIGNATURE Kay Madder TITLE: REGULATORY SP | PECIALIST DATE 02/25/2020 | |
| TYPE OR PRINT NAME: KAY MADDOX E-MAIL: <u>kay_maddox@eogresources</u> For State Use Only | _ | |
| APPROVED BY: Chad Hend TITLE CIMPLIANCE Officer DATE 3/9/20 | | |
| Conditions of Approval (if any): | XC | |
| ♥ | U. U. | |