

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

HOBBS  
FEB 12 2015

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.)		WELL API NO. <b>30-025-41886</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> <b>SPUDDER WELL</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>EOG RESOURCES INC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>PO BOX 2267 MIDLAND, TX 79702</b>		7. Lease Name or Unit Agreement Name <b>PIXLEY BUX STATE</b>
4. Well Location Unit Letter <b>P</b> : <b>200</b> feet from the <b>SOUTH</b> line and <b>660</b> feet from the <b>EAST</b> line Section <b>26</b> Township <b>18S</b> Range <b>35E</b> NMPM County <b>LEA</b>		8. Well Number <b>1H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3870' GR</b>		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat <b>VACUUM; BONE SPRING, WEST</b>

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"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input 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.

02/08/2019 MIRU, PMP 205 SXS CL C CMT 145' TO SURFACE  
02/11/2019 TOPPED OFF W/50 SXS CL C CMT, WOC, VERIFIED CMT

THIS WELL HAS BEEN PLUGGED AND ABANDONED

Spud Date:

06/26/2014

Rig Release Date:

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

SIGNATURE

*Kay Maddox*

TITLE Regulatory Analyst

DATE 02/11/2019

Type or print name Kay Maddox

E-mail address: kay\_maddox@eogresources.com PHONE: 432-686-3658

For State Use Only

APPROVED BY:

*Kerry Forthe*

TITLE

*Compliance Officer A*

DATE

*2-12-19*

Conditions of Approval (if any):