| Submit One Copy To Appropriate District | State of New Me | exico | | Form C-103 | 3 |
|--|--|-------------------------|--------------------------------------|----------------------------|----|
| Office District I | Energy, Minerals and Natural Resources | | Revised November 3, 2011 | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | WELL API NO. 30-015-24212 | | |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type | of Lease | |
| <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | | FEE | |
| District IV | Santa Fe, NM 8' | 7505 | 6. State Oil & G | as 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 | | | Donegan CE | | |
| PROPOSALS.) | | | 8. Well Number 2 | | |
| 1. Type of Well: ☑Oil Well ☐ Gas Well ☐ Other 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 | | | Eagle Creek; San | Andres | |
| 4. Well Location | | | | | |
| | | | feet from | | |
| Section 28 | 1 | | NMPM Ed | ldy County | _ |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3556' GR | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| NOTICE OF INTE | ENTION TO: | SUBS | SEQUENT RE | PORT OF: | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | ALTERING CASING | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI | | | | P AND A | |
| PULL OR ALTER CASING \(\square\) N | MULTIPLE COMPL | CASING/CEMENT | JOB L | | |
| OTHER: | | | | | |
| 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 | | | | | |
| A steel market 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 PERMANENTLY STAMPED ON THE MARKER'S SURFACE.</u> | | | | | |
| | | | | | |
| 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. Wellhead cut off 3' BGL. Wellhead cut off 3' BGL (attached photos). All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have | | | | | |
| to be removed.) | iave been removed. Fortable ba | ises have been femov | ed. (Foured onsite | concrete bases do not hav | /6 |
| | | | | | |
| Pipelines and flow lines have been | | | | en removed from non- | |
| retrieved flow lines and pipelines. No, active pipeline(s) within EOG 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 | | cai service poles and | illes have been to | shioved from lease and we | 11 |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | | | |
| When all work has been completed, retu | irn this form to the appropriate | District office to sche | dule an inspection | t. | |
| SIGNATURE | TITLE: _ | Environmental Sup | ervisor | DATE 4/15/2020 | |
| TYPE OR PRINT NAME: Robert Ash | ier F-MAII - | Robert Asher@eo | oresources com | PHONE: <u>575-748-4217</u> | |
| For State Use Only | E WAID. | | | | |
| ADDOLUTED DAY (1.0) | | ~ , ,,- | 74110 | DAME 4/00/0000 | |
| APPROVED BY: | Cordero TITLE | - Staff, | myr | DATE4/22/2020 | - |
| conditions of reproved (interior). | | | \mathcal{C} | | |