Submit 3 Copies To Appropriate District	State of New Me			Form C-103
Office District I	Energy, Minerals and Natu	ıral Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSEDUATIO	N DIVISION	30-025-3	32915
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		STATE	FEE 🗆 Pod
District IV 1220 S. St. Francis Dr., Santa Fe, NM	÷		6. State Oil & Gas I	Lease No.
87505	TO AND DEPORTS ON ME			
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC,		OR PLUG BACK TO A	·	Jnit Agreement Name:
PROPOSALS.)  1. Type of Well:			East Corbin Dela	ware Unit
Oil Well Gas Well	Other Injection Well	r <b>7</b>	8. Well Number 9	
Name of Operator     EOG Resources, Inc.		HOBBS OCD	9. OGRID Number 737	7
3. Address of Operator		DEC 2 3 2013	10. Pool name or W	
P.O. Box 2267 Midland, TX 4. Well Location	79702		Corbin: Delaware	. West
	1340 feet from the No	rth RECEIVED	990 feet from	n the <u>East</u> line
Section 21	Township 18\$	Range 33E	NMPM	County Lea
	11. Elevation (Show whether			
12 Check Ar	propriate Box to Indicate	Nature of Notice	Report or Other F	)ata
12. Check rip	propriate Box to marcute	ratare of reales,	report, or other E	, utu
NOTICE OF INTE	NTION TO:	l SUE	SEQUENT REP	ORT OF
PERFORM REMEDIAL WORK X	PLUG AND ABANDON 🔲	REMEDIAL WORK	(C)	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLII				
				P AND A
PULL OR ALTER CASING	MULTIPLE COMPL 📙	CASING/CEMENT	IOB [_]	
DOWNHOLE COMMINGLE L	·		-	
OTHER:		OTHER:	_	
13. Describe proposed or completed of starting any proposed work). or recompletion.				
Hole In Tubing EOG Resources, Inc. reques return to injection.	ts permission to rig-up a	and pull the well	for necessary repa	irs to the tubing &
* FEDERAL WELL*	Condition of Approva	al: notify		
" FEDERAL WELL"	OCD Hobbs office 2		•	
	prior of running MIT T	•		•
			<del></del>	$\neg$
Spud Date:	Rig Rele	ase Date:		
I hereby certify that the information al	pove is true and complete to the	e best of my knowledg	ge and belief.	
SIGNATURE CENTER OF	arratt 111	TLE Regulato	ry Analyst j	DATE <u>12/20/2013</u>
Type or print name <u>Renee' Jarratt</u>	E-n	nail address:	]	PHONE <u>432-686-3684</u>
For State Use Only Wall	Intalan TI	TIE Coursia	na Office n	ATE 12/26/201
Conditions of Approval (if any):		1111		
**			${f Q}_{:}$	JEC 3 0 2013