Submit I Copy To Appropriate District Office	State of New		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO. 30-025-41745	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVAT 1220 South St.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> = (505) 476-3460	Santa Fe, NA		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		HOBBS OCD	VB-1637	
(DO NOT USE THIS FORM FOR PROP	ΓICES AND REPORTS ON WE OSALS TO DRILL OR TO DEEPEN O	ELLS TO A	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	ICATION FOR PERMIT" (FORM C-10	01) FOR EXPC 5 2015	Toucan BUY State	
Type of Well: Oil Well Name of Operator	Gas Well Other	Liw.m	8. Well Number 1H 9. OGRID Number	
EOG Resources, Inc		RECEIVED	7377	
3. Address of Operator P.O. Box 2267 Midla	and, TX 79702		10. Pool name or Wildcat San Simon; Bone Spring, Northeast	
4. Well Location Unit Letter	200 feet from the Nor	th line and 660	Geet from the West line	
Section 27	Township 21S	Range 35E	NMPM County Lea	
	11. Elevation (Show whether 3585' GR	· DR, RKB, RT, GR, etc.,		
12 Check	Appropriate Box to Indica	te Nature of Notice	Report or Other Data	
	NTENTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK		REMEDIAL WOR	K ALTERING CASING	
TEMPORARILY ABANDON PULL OR ALTER CASING	= = = = = = = = = = = = = = = = = = = =	COMMENCE DRI		
DOWNHOLE COMMINGLE]	O/ (OII TO/OE MEIT		
CLOSED-LOOP SYSTEM COTHER:),	OTHER: 5' new	hole x	
13. Describe proposed or com		all pertinent details, an	d 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.				
09/29/15 Made 5' new hole. TD 175'. Hole size 11".				
		3		
	•		•	
Γ.				
Spud Date: 03/27/14	Rig Releas	se Date:		
	,			
I hereby certify that the information	above is true and complete to t	he best of my knowledg	e and belief.	
SIGNATURE_	arratt TITLE	Regulatory Analyst		
Type or print name Renee' Jay	ratt E-mail ad	dress:	PHONE: 432-686-3684	
For State Use Only				
APPROVED BY: Conditions of Approval (if any):	oted fo.: Record Only TITLE	·	DATE	