

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
August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCO
OCT 16 2015

WELL API NO. 30-025-34562
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Jackson 3 State Com
8. Well Number 2
9. OGRID Number 7377
10. Pool name or Wildcat WC025 G09 S253336D; Upper Wlfcamp
4. Well Location Unit Letter B : 660 feet from the N line and 1980 feet from the 1980 line Section E Township 24S Range 33E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3625 GR

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
EOG Resources, Inc.

3. Address of Operator
PO Box 2267, Midland, TX 79702

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING <SWD INJECTION> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> ENVIRO <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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OTHER: ☐

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.

09/29/15 MIRU plugging equipment. blow down well. 09/30/15 Pump 30 bbls brine to load tubing. Rigged up Cased Hole Solutions Wireline. RIH w/ gauge ring to 13338'. POH. RIH w/ 2 7/8 CIBP and set @ 12785'. ND wellhead and NU BOP. RIH w/ tbg cutter and cut @ 12770'. POH w/ wireline. Work tubing. 10/01/15 Loaded tbg w/ 34 bbls and pressured up to 500 psi. Free point tbg. Free @ 11000'. Dumped bailed 35' cement on top of CIBP @ 12785-12850'. Cut tbg @ 10818'. Layed down one joint. Circulated well w/ 254 bbls MLF. 10/02/15 Spotted 30 sx class H cement @ 10818-10550. 10/05/15 Tagged cement @ 10598'. Tested casing to 500 psi. Spotted 25 sx class H @ 9127-8927. Spotted 25 sx class C @ 6292-6050. Spotted 25 sx class C @ 5042-4800. 10/06/15 Tagged plug @ 4760'. ND wellhead and rigged up casing jacks. Pulled stretch free @ 4166'. Cut casing @ 4100'. POH w/ 94 jts casing. 10/07/15 Spotted 85 sx class C @ 4150'. (stub plug). WOC. Tagged plug @ 3781'. Spotted 85 sx cement @ 787-457. WOC. 10/08/15 Tagged plug @ 488. Spotted 25 sx @ 100' to surface. RDMO. 10/09/15 MI backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfill cellar. Removed deadmen. Moved off.

Spud Date:

Rig Release Date:

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

SIGNATURE Stan Wagner TITLE Regulatory Specialist DATE 10/12/15

Type or print name Stan Wagner E-mail address: PHONE: 432-686-3689

For State Use Only

APPROVED BY: Melissa Brown TITLE Dist. Supervisor DATE 10/19/2015
Conditions of Approval (if any):

OCT 20 2015