Submit 1 Copy To Appropriate District	State of New M	exico		Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources			vised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	-		WELL API NO. 30-025-41742	~
811 S. First St., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra			EE
District IV - (505) 476-3460	Santa Fe, NM 8	7505	6. State Oil & Gas Lease N	No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-1632	
SUNDRY NOT	ICES AND REPORTS ON WELL DSALS TO DRILL OR TO DEEPEN OR PL	S	7. Lease Name or Unit Ag	reement Name
DIFFERENT RESERVOIR. USE "APPL	ICATION FOR PERMIT" (FORM C-101) F	OR SUCH	Junction BVJ State	-
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🗌 Other	ACT 2 2 2015	8. Well Number 1H	1
2. Name of Operator	_	ULI DE CUIS	9. OGRID Number	-
EOG Resources, Inc. 3. Address of Operator		DEOCUED	7377 10. Pool name or Wildcat	
P.O. Box 2267 Midla	nd, TX 79702	RECEIVED	Vacuum; Bone Spring	, South
4. Well Location P	250 South South	66	0 F	ast
Unit Letter	Teet from the	line and	feet from the	line
Section 36		ange 35E	NMPM County	Lea
	11. Elevation (Show whether DI 3830' GR	R, RKB, RT, GR, etc.)		
				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
12. Check	Appropriate Box to Indicate N	Nature of Notice, I	Report or Other Data	
NOTICE OF I	NTENTION TO:	SUBS	SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERI	NG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LING OPNS. PAND A	4
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🗌	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM		STUTE 5' NOW	Holo	
OTHER:		OTHER: 5' New		×
	pleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA			
proposed completion or re		C. For Multiple Con	ipietions. Attach wendore o	liagram of
proposed compression of re-				
10/18/15 - Made 5' new ho	ole. TD 160'.			
00/07/44				
Spud Date: 03/27/14	Rig Release D	ate:		
I hereby certify that the information	above is true and complete to the h	best of my knowledge	and belief.	1.1.1
		, ,		
SIGNATURE PALLO	Annat TITLE Reg	gulatory Analyst	DATE 10/1	19/15
Renee' Jan	poorte		1	32-686-3684
Type or print name	E-mail addres	SS:	PHONE: 4	02-000-0004
For State Use Only	d for Record Only			
APPROVED BY:	TITLE		DATE	
Conditions of Approval (if any):				

OCT	2	2	2015	fu
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