Submit 1 Copy To Appropriate District Office	State of New M		Form C-103	
District 1 – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	arriet 1 – (575) 393-6161 Energy, Minerals and Natural Resources 25 N. French Dr., Hobbs, NM 88240		Revised July 18, 2013 WELL API NO. 30-025-49993 42-731	
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	N DIVISION	30-025-4 2003 T 7777	
District III - (505) 334-6178	1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8	37505	5. State Oil & Gas Lease No.	
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			7. Lease Name or Unit Agreement Name Tayberries 13 State	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			3. Well Number 501H	
2. Name of Operator EOG Resources, Inc.			0. OGRID Number 7377	
3. Address of Operator			0. Pool name or Wildcat	
P.O. Box 2267 Midland, TX 79702 4. Well Location			eatherstone; Bone Spring East	
Unit Letter B :250	feet from the North	line and 2303	feet from the East line	
Section 13		ange 35E	NMPM County Lea	
11.	Elevation (Show whether DI 3647			
12. Check Appro	opriate Box to Indicate N	Nature of Notice, Re	eport or Other Data	
NOTICE OF INTEN	TION TO:	SUBSE	EQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS			ILLING OPNS. PANDA	
	LTIPLE COMPL	CASING/CEMENT J	ов 🗆	
CLOSED-LOOP SYSTEM		OTHER:		
	and		ive pertinent dates, including estimated date	
of starting any proposed work). S proposed completion or recompletion		C. For Multiple Comp	letions: Attach wellbore diagram of	
EOG Resources, Inc. request casing and mud as shown on		proved APD for this	well to reflect a change in hole size,	
New casing design attached,	including hole size & mud	type.		
A CONTRACTOR OF				
Spud Date:	Rig Release D	ata		
pud Date.	Kig Kelease D	ale.		
1. 31. 52 B.		A State of the second s	and the second	
hereby certify that the information above	is true and complete to the b	est of my knowledge a	nd belief.	
P in	-			
SIGNATURE CHU CAM	TITLE Reg	gulatory Analyst	DATE 11/23/2015	
ype or print name Renee' Jarratt	E-mail addres	e.	PHONE: 432-686-3684	
For State Use Only	L-man addres			
APPROVED BY:	TITLE Per	roleum Engineer	PHONE: 432-686-3684 	
inditions of Approvacin any).				
		NOI	2 4 2015	