Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Ener 1625 N. French Dr., Hobbs, NM 88240	gy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II (575) 749 1292	CONSERVATION DIVISION	30-025-41753
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa De, NM 87505		VO-8699
SUNDRYNOTICES 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 Nervosa BTT State Com
PROPOSALS.)		8. Well Number 1H
Type of Well: Oil Well Gas Well Name of Operator	Other	9. OGRID Number
EOG Y Resources, Inc.		025575
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210		10. Pool name or Wildcat Berry; Bone Spring, North
4. Well Location		
Unit Letter H/ :2440 fee	et from the North line and line and	760 feet from the East line 7
	ownship 21S Range 33E	NMPM <u>Lea</u> County
	winship 21S Range 33E	NMPM <u>Lea</u> County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,694'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	OTUED. SI	
OTHER: 5' new hole 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.		
12/27/16 – Made 5' new hole. TD 195'. Hole size 9".		
Note: 30" culvert with locking device installed on 3/18/15.		
Spud Date: 2/27/15	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Jayra Watts	TITLE Assistant Regulatory Lead	DATE <u>December 29, 2016</u>
Type or print name Laura Watts	E-mail address: <u>laura_watts@eogresou</u>	<u>irces.com</u> PHONE: <u>575-748-4272</u>
For State Use Only	Accepted for Record Only	
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	MSB1000 1/4/201	7
	1/4/201	(