Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103 Revised July 18, 2013
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NH 8824D BS OFF9, Minerals and Natural Resources District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 APR 0 6 2011 CONSERVATION DIVISION 1220 South St. Francis Dr.			WELL API NO.	
			30-025-42477	
			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NRECEIVED 87505			VB-1881	
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 Calabash BWC State	
PROPOSALS.)			8. Well Number 1H	
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator			9. OGRID Number	
EOG Y Resources, Inc.			025575	
3. Address of Operator			10. Pool name or Wildcat	
105 South Fourth Street, Artesia, NM 88210			Wildcat; Bone Spring	
4. Well Location Unit Letter D : 200 feet from the North line and 660 feet from the West line Unit Letter M 230 feet from the South line and 660 feet from the West line				
Section 31 Township 21S Range 34E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,589' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
				ALTERING CASING
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
			1.	
OTHER: 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.				
4/1/17 - Made 5' new hole. TD 195'. Hole size 9".				
Note: 30" culvert with locking ring installed on $10/2/15$.				
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Spud Date: 7/1/15	Rig Release Da	te:		
I hereby certify that the information above is	true and complete to the be	est of my knowledge	and belief.	
SIGNATURE Chan fuer	TITLE Regu	llatory Specialist	DATE A	pril 4, 2017
Type or print name <u>Tina Huerta</u> For State Use Only	E-mail address: tina		es.com PHONE:	575-748-4168
	Accepted for Recor	d Only		P
APPROVED BY: Conditions of Approval (if any):			DAT	E
Conditions of Approval (it ally).	MBrown 4/17/2	د		
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