| Office | | exico | | orm C-103 |
|--|--|--|-----------------------------------|----------------|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Nati | iral Resources | | July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | 7 00, | WELL API NO. | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | VOIVISION | 30-025-43861 | |
| District III – (505) 334-6178 | 1220 South St. Fra | ncis Dr 2018 | 5. Indicate Type of Lease | |
| 1000 Dio Prozon Dd. Arten NM 97410 | Santa Fa NM 9 | 7163 4 | STATE FEE | |
| District IV - (505) 476-3460 | Santa Fe, NM 8 | WOS WED | 6. State Oil & Gas Lease No. | . |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | CEIVE | | |
| SUNDRY NOT | ICES AND REPORTS ON WELLS | REV | 7. Lease Name or Unit Agreen | nent Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | I leave 04 Ot 1 O | - |
| District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 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 | | Hearns 34 State Com | | |
| FROFOSALS.) | | 8. Well Number 711H | | |
| 1. Type of Well: Oil Well | Gas Well Other | | | |
| 2. Name of Operator | | | 9. OGRID Number | |
| EOG Resources, Inc. | | | 7377 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| P.O. Box 2267 Midla | nd, IX 79702 | | WC-025 G-09 S243336I, Uppe | er Wolfcamp |
| 4. Well Location | 200 | 400 | 50 | |
| Unit Letter : | 300 feet from the South | line and 123 | B8 feet from the East | line |
| Section 34 | Township 24S ■ R | | | ea |
| Section | | | | Ca San |
| | 11. Elevation (Show whether DR 3483 GR | , KKB, KI, GK, eic.) | | |
| | 3403 OIX | | | 276-24 |
| | | | | |
| 12. Check | Appropriate Box to Indicate N | lature of Notice, I | Report or Other Data | |
| | | 1 | | |
| | NTENTION TO: | | SEQUENT REPORT OF: | • |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON 🔲 | REMEDIAL WORK | - | CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRIL | LING OPNS.■ PAND A | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | JOB 🗹 | |
| DOWNHOLE COMMINGLE | | | _ | |
| CLOSED-LOOP SYSTEM | | | | |
| | × | OTHER: | | |
| OTHER: | 1^1 | I OIIILN. | | |
| OTHER: 13. Describe proposed or compared to the proposed to t | | | give pertinent dates, including e | estimated date |
| 13. Describe proposed or comp | oleted operations. (Clearly state all | pertinent details, and | | |
| 13. Describe proposed or composed with the compo | oleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA | pertinent details, and | | |
| 13. Describe proposed or comp | oleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA | pertinent details, and | | |
| 13. Describe proposed or composed of starting any proposed was proposed completion or recomposed completion. | oleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA completion. | pertinent details, and | | |
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