Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resour	rces Form C-103 June 19, 2008
District	
1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 88210HOBBOTC CONSERVATION DIVISI District III	ON <u>30-025-30683</u> 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 8 2013 Santa Fe, NM 87505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. 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 BA DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC	CK TO A 7. Lease Name or Unit Agreement Name:
PROPOSALS.)	West Corbin Federal
1. Type of Well: Other   Oil Well Gas Well	8. Well Number 16
2. Name of Operator	9. OGRID Number
EOG Resources, Inc.	7377
3. Address of Operator P.O. Box 2267 Midland, TX 79702	10. Pool name or Wildcat Corbin: Bone Spring, South
4. Well Location	corpani, bone opring, souch
Unit Letter 0 : 800 feet from the South lin	ne and <u>1980</u> feet from the <u>East</u> line
Section 7 Township 18S Range	33E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of	Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK DUG AND ABANDON REMEDIAL WORK X ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
OTHER: OTHER:	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
7/26/13 MIRU to repair tubing leak.	
POOH w/ 2-7/8" IPC injection tubing and 5-1/2" packer. Sent packer to shop for redress.	
7/27/13 Tested tubing, replaced 4 jts. Packer tested good. Ran back in hole w/ 2-7/8" IPC injection tubing and packer set at 8594'.	
7/30/13 Performed MIT test to 550 psi for 30 minutes. Test good.	
Returned to injection.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my	knowledge and belief.
SIGNATURE the Way TITLE Regulatory Analyst DATE 8/2/13	
Type or print name <u>Stan Wagner</u> E-mail address	
For State Use Only	
APPROVED BY TITLE THE DATES -15-2013 Conditions of Approval (if any): AUG 15 2013	
Conditions of Approval (if any):	ALIC 1 5 2013

