Submit 3 Copies To Appropriate District Office				Form C-103
District I	Energy, Minerals and Natur		WELL API NO.	June 19, 2008
District II 1301 W. Grand Ava. Actoria NIM 88310835 OOIL CONSERVATION DIVISION			30-025-30	
District III			5. Indicate Type of Lease FEA STATE FEE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
SUNDRY NOTIGES: 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:	
PROPOSALS.) 1. Type of Well:			East Corbin Delaware Unit	
Oil Well Gas Well Other Water Injection			8. Well Number 6	
2. Name of Operator EOG Resources, Inc.			9. OGRID Number 7377	
3. Address of Operator			10. Pool name or Wildcat	
P.O. Box 2267 Midland, TX 79702 4. Well Location			Corbin: Delaware, West	
Unit Letter C:	779 feet from the Nor	th line and	1943 feet from t	heWestline
Section 21	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 INTE	INITION TO	l cun	OCCUENT DEDC	NDT OF.
NOTICE OF INTE			SEQUENT REPC	_
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL				P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	OR \square	
DOWNHOLE COMMINGLE L				
OTHER:		OTHER:		
13. Describe proposed or completed of starting any proposed work). or recompletion.				
7/29/13 MIRU to repair tu	bing leak. Unseat packer	and POOH w/ 2-3/8	B" IPC injection tul	oing and packer.
Send packer in for repairs. 7/31/13 Tested tubing and replaced 4 jts. Ran back in hole w/ 161 jts 2-3/8" IPC injection tubing and				
nickel plated packer set at 5080'.				
8/01/13 Performed MIT tes Returned to injec	•	es. Tested good.		
FEDERAL WELL				_
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information al	pove is true and complete to the	best of my knowledg	ge and belief.	
SIGNATURE then Way	TIT	LE <u>Regulato</u>	ry Analyst D	ATE 8/12/13
Type or print name <u>Stan Wagner</u>	E-m	ail address:	PI	IONE <u>432-686-3689</u>
For State Use Only		2.1		0.55
APPROVED BY	plnTIT	LE DET ME	72 DA	16-15-2013
Conditions of Approval (if any):			AUG 19	2012
			MOG # A	4013

