

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-40585
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Black Bear 36 State
8. Well Number 5
9. OGRID Number 7377
10. Pool name or Wildcat SWD; Delaware

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 PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD	HOBBS OCD
2. Name of Operator EOG Resources, Inc.	SEP 29 2014
3. Address of Operator P.O. Box 2267 Midland, TX 79702	RECEIVED
4. Well Location Unit Letter H : 1420 feet from the North line and 1320 feet from the East line Section 36 Township 25S Range 33E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3318' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: **MIT test** ☒

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.

8/8/14 Perform MIT test to 540 psi for 30 minutes. Test good.

Test ran at operator's discretion. OCD witnessed, chart attached.

Returned to injection.

Spud Date:

6/26/12

Rig Release Date:

7/10/12

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Stan Wagner

TITLE

Regulatory Analyst

DATE

09/23/14

Type or print name

Stan Wagner

E-mail address:

PHONE

432-686-3689

For State Use Only

APPROVED BY

Bill Senamah

TITLE

Staff Manager

DATE

9/30/2014

Conditions of Approval (if any):

FOR RECORD ONLY

OCT 01 2014

FOR RECORD ONLY

DATE 8/8/2014 BR 2221

Graphic Controls



EO 6 RE P
James Brubaker

RECEIVED
8/13/2014
OFFICE OF THE
ATTORNEY GENERAL

Black Bear 86st. AS
30-025-40583
Sec 36 T255-R-330
1000 H Spring
Cal. cert. 6/24/2014

START 5:40 #
END 6:20 #
30 min
2000 ft
2000 ft

