District	Submit 1 Copy To Appropriate District Office	State of New Mexico				Form C-103				
District Commendation Commenda	District I	Energy, Minerals a	ana Nau	irai Kesou	irces	WELL APLNO			/ 18, 2013	
1220 South St. Francis Dr. 1220 South St.	District II	OIL CONSERVATION DIVISION					30-025-40	585 		
District	District III	1220 South St. Francis Dr.				1	·	FF 		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEREN OR PLUG BACK TO A DEFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Gas Well Gas Well Ger to Other SWD HORBS OCD Resources, Inc. 2. Name of Operator EOR Resources, Inc. 3. Address of Operator P.O. Box 2267 Midland, TX 79702 4. Well Location Ger to Ger	District IV	Santa Fe, NM 87505								
DO NOT USE THIS FORM FOR PEOPOSALS TO DRILL OR TO DEEPEN OR PULG BACK TO A DEFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUDD PROPOSALS) 1. Type of Well: Oil Well Gas Well Other SWD 1. Type of Well: Oil Well Gas Well Other SWD 1. Type of Well: Oil Well Gas Well Other SWD 1. Type of Well: Oil Well Gas Well Other SWD 2. Name of Operator EOG Resources, Inc. 3. Address of Operator P.O. Box 2267 Midland, TX 79702 4. Well Location 1. The levation (Show whether DR, RKB, RT, GR, etc.) 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 1. Subsequent Remove the County Lea 1. Elevation (Show whether DR, RKB, RT, GR, etc.) 1. Subsequent REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB OWNHOLE COMMINGLE COMMINGLE COMMINGLE COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB OTHER: 1. Describe proposed 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. Septid Date: 6/26f12 Rig Release Date: 7/10/12 1. THE Proper 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: 6/26f12 Rig Release Date: 7/10/12 1. THE Staff Waxaa Date 9/30/23/14 APPROVED BY APPROVED BY TITLE 8/40 Auxaa Date 9/30/23/14 APPROVED BY APPROVED BY TITLE 8/40 Auxaa Date 9/30/23/14 APPROVED BY APPROVED BY TITLE 8/40 Auxaa Date 9/30/23/14 APPROVED BY TITLE 8/40 Auxaa Date 9/30/23/14						0. State Off &	Gas Lease I	NO.		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well: Gas Well: Other SWD Other SWD S. Well Number S. Well Nu		CES AND REPORTS	ON WE	LLS		7. Lease Nam	e or Unit Ag	reement N	ame:	
PROPOSALS.	1,									
SEP 2 9 7014 September Sep 2 9 7014		OMIONI ON ENWIT (I	OIXW C-10	LARBS C	CD					
3. Address of Operator P.O. Box 2267 Midland, TX 78702 4. Well Location Unit Letter H : 1420 feet from the Section 36 Township 25S Range 33E NMPM County Lea	11. Type of Well: ()il Well Gas Well [7] ()ther SWD						er			
P.O. Box 2267 Midland, TX 79702 4. Well Location Unit Letter H		·		SEP 29	2014		nber			
4. Well Location Unit Letter H : 1420 feet from the North line and 1320 feet from the East line Section 36	3. Address of Operator	79702			wen					
Section 36 Township 255 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 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				RECE	IARR	OVD, Delawa				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	Unit Letter H :	1420 feet from the	e North	1	ine and	1320 feet	from the_E	ast	line	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 13. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	Section 36			_			County	Lea		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A CASING/CEMENT JOB POWNHOLE COMMINGLE OTHER: MIT test MIT test MIT test MIT test OTHER: MIT test OTHER: MIT test of starting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any 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		,	whether	DR, RKB,	RT, GR, et	(c.)				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DATE 9/30/2014 PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/	12. Check A	Appropriate Box to In	ndicate	Nature o	f Notice, 1	Report, or Otl	ner Data			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DATE 9/30/2014 PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/	NOTICE OF INT	ENTION TO		ı	01.15					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: MIT test 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 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE						SEQUENT				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: MIT test OTHER: OTHER: OTHER OTHER: MIT test OTHER: OTHER: MIT test OTHER: OTHER: MIT test OTHER: OTHER: OTHERED OTHER: MIT test OTHER: OTHER: OTHER: OTHERE OTHER: OT			ои 🗀						SING	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 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 Wagne E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Sulf Journal TITLE Staff Ma Nago DATE 9/30/2049 Conditions of Approval (if any): Conditions of Approval (if any):							P AN	DA		
OTHER: MIT test 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 Hand May DATE 09/23/14 Type or print name E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY January ((fam)): TITLE Staff Mayog DATE 9/30/2049 Conditions of Approval ((fam)):	<u></u>	MULTIPLE COMPL		CASING	CEMENT J	ОВ 🗌				
OTHER: DTHER: 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 TITLE Regulatory Analyst DATE Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Sulfacional TITLE Staff Ma Nagar DATE 9/30/2009 Conditions of Approval (if any):	DOWNHOLE COMMINGLE									
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 SIGNATURE TITLE Regulatory Analyst DATE 09/23/14 TYPE OF State Use Only APPROVED BY APPROVED BY APPROVED BY APPROVED BY APPROVED BY Conditions of Approval (if any): TITLE TITLE TITLE Staff Ma Nage DATE 9/30/2009	CLOSED-LOOP SYSTEM									
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 Sulf Souranch TITLE Staff Ma Jag and DATE 9/30/2009 Conditions of Approval (if any):		-1ti (C114					. 1 1.			
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 TITLE Regulatory Analyst DATE 09/23/14 Type or print name Stan Wagne E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Sulf Sananak TITLE Staff Manage DATE 9/30/2009	of starting any proposed work)	. SEE RULE 19.15.7.14							late	
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 Regulatory Analyst TITLE Regulatory Analyst Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Sulf Sourand TITLE Staff Ma Naga DATE 9/30/2019 Conditions of Approval (if any):	· · · · · · · · · · · · · · · · · · ·	-	nood.							
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 Tank DATE 09/23/14 Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Sulf Sananak TITLE Staff Manage DATE 9/30/2019 Conditions of Approval (if any):	•		_	t attached						
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stan Wagner Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Conditions of Approval (if any): Conditions of Approval (if any):	Returned to injection.									
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stan Wagner Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Conditions of Approval (if any): Conditions of Approval (if any):										
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stan Wagner Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Conditions of Approval (if any): Conditions of Approval (if any):										
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stan Wagner Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Conditions of Approval (if any): Conditions of Approval (if any):										
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stan Wagner Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Conditions of Approval (if any): Conditions of Approval (if any):					<u> </u>					
SIGNATURE Stan Wagner Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Conditions of Approval (if any): TITLE Staff Manager DATE 9/38/2019	Spud Date: 6/26/12		Rig Relea	ase Date:	7/10/12					
Type or print name Stan Wagner E-mail address: PHONE 432-686-3689 For State Use Only APPROVED BY Sulf Sonand TITLE Staff Manager DATE 9/30/2019 Conditions of Approval (if any):	I hereby certify that the information	above is true and compl	lete to the	e best of m	y knowledg	ge and belief.				
For State Use Only APPROVED BY Sulf Sanah TITLE Staff Manager DATE 9/30/2014 Conditions of Approval (if any):	SIGNATURE Stan Way TITI			LE Regula	atory Analy	st	DATE	09/23/14		
APPROVED BY Sulf Sonand TITLE Staff Manager DATE 9/30/2014 Conditions of Approval (if any)	Type or print name Stan Wagner E-r		E-m	nail address:			PHONE	PHONE 432-686-3689		
Conditions of Approval (if any)	For State Use Only	0								
		Jonamah	TI	rle <u> </u>	tuff N	Nanoger	DATE	9/30/	1204	

FOR RECORD ONL

OCT 0 1 2014

