Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resour	ces Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	ON CONCERNATION DUVING	30-025-41518
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISIO	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, INIVI 87303	6. State Oil & Gas Lease No.
87505		VO-8394
	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Fruit Loop BUL State
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other	8. Well Number 1H
2. Name of Operator		9 OGRID Number
EOG Resources, Inc.	SEP 0 2	2015 7377
3. Address of Operator	L TV 70700	10. Pool name or Wildcat
P.O. Box 2267 Midlar	nd, 1X 79702	Wildcat; Bone Spring
4. Well Location C	200 North	1980 West
Unit Letter :	feet from the 10101 line a Township 21S Range 33B	
Section 29	11. Elevation (Show whether DR, RKB, RT, C	
	3719' GR	GR, etc.)
12. Check A	Appropriate Box to Indicate Nature of N	lotice, Report or Other Data
NOTICE OF IN	TENTION TO:	CURCEOUENT DEDORT OF
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIA	SUBSEQUENT REPORT OF: LL WORK
TEMPORARILY ABANDON	<u> </u>	ICE DRILLING OPNS. P AND A
PULL OR ALTER CASING		CEMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	□ OTHER:	5' new hole
OTHER:  13. Describe proposed or comp		tails, and give pertinent dates, including estimated date
		iple Completions: Attach wellbore diagram of
proposed completion or rec	ompletion.	
08/28/15 - Made 5' new hol	e. TD @ 175'. Hole size 11".	
		<b>E</b>
11/00/10		-
Spud Date: 11/29/13	Rig Release Date:	
I haraby certify that the information	above is true and complete to the best of my kr	anyledge and belief
Thereby certify that the information	above is true and complete to the best of my ki	iowicuge and benefit
$\langle () \rangle \sim \langle ($	MattTITLE_ Regulatory A	nalyst 08/31/15
SIGNATURE Y	TITLE Regulatory A	DATEDATE
Type or print name Renee' Jako	att E-mail address:	PHONE: 432-686-3684
For State Use Only	· · ·	THORD.
Accepted	for Record Only	
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE
Conditions of Approval (if any):		