Submit 1 Copy To Appropriate District Office	State of New 1	Mexico		Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	·		30-025-42444	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lea	ise
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lea	se No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-1827	
	TICES AND REPORTS ON WEL		7. Lease Name or Unit	Agreement Name
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)			Boysenberry BVZ	State /
1. Type of Well: Oil Well	Gas Well Other	1100000000	8. Well Number 1H	
Name of Operator EOG Resources, Inc.	. /	SEP 3 0 2015	9. OGRID Number 7377	
3. Address of Operator			10. Pool name or Wilde	1
P.O. Box 2267 Midla	ınd, TX 79702	RECEIVED	Pearl; Bone Spring	, South
4. Well Location	200 North	76	0	West
Unit Letter	feet from the	line and	feet from the	line
Section 2	Township 20S	Range 35E	NMPM Cou	nty Lea
	11. Elevation (Show whether 1 3685' GR	DR, RKB, RT, GR, etc.,		
	0000 011			
12. Check	Appropriate Box to Indicate	Nature of Notice,	Report or Other Data	
NOTICE OF II	NTENTION TO:	l SUB	SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON	MPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A [
PULL OR ALTER CASING		CASING/CEMEN	TJOB 🗆	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM COTHER:		OTHER: 5' new	hole	[X]
	pleted operations. (Clearly state a			luding estimated date
of starting any proposed w	ork). SEE RULE 19.15.7.14 NM	AC. For Multiple Co	mpletions: Attach wellbor	re diagram of
proposed completion or re	completion.	•		
•				
9/26/10 - Made 5' of new hole. New hole TD @ 55'. Hole size 20".				
				5
Spud Date: 3/30/15	Rig Release	Date:	:	
		<u> </u>		
I hereby certify that the information	a shows is true and samplets to the	hact of my knowledge	o and haliaf	
r hereby certify that the information	above is true and complete to the	t dest of my knowledg	e and bener.	
SIGNATURE (CILLE)	auatt TITLE Regulatory Analyst		t DATE	09/28/15
Ranga' la	•			432-686-3684
Type or print name	E-mail address:		PHONE:	+JZ-U0U-JU0 4
For State Use Only	, met ja de			
ADDROVED DV. Accent	ed fo. Recoார்ரியிy ந		ויי א מיניי	
APPROVED BY: Prepried to: Recorreptery:			DATE	