

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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.
30-025-42205
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
VB-1760

7. Lease Name or Unit Agreement Name
Truss BVT State
8. Well Number 1H
9. OGRID Number
7377
10. Pool name or Wildcat
Rock Lake; Bone Spring

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 ☒ Gas Well ☐ Other ☐
2. Name of Operator
EOG Resources, Inc.
3. Address of Operator
P.O. Box 2267 Midland, TX 79702
4. Well Location
Unit Letter O : 200 feet from the South line and 1980 feet from the East line
Section 29 Township 22S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,536' 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: 5' new hole ☒

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.

10/12/15 - Made 5' new hole. TD @ 100'.

Spud Date:

10/30/14

Rig Release Date:

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

SIGNATURE

Renee Jarratt

TITLE

Regulatory Analyst

DATE

10/13/15

Type or print name

Renee' Jarratt

E-mail address:

PHONE:

432-686-3684

For State Use Only

Accepted for Record Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

OCT 20 2015

pm