Submit 1 Copy To Appropriate District Office	Copy To Appropriate District State of New Mexico		Form C-	
District I - (575) 393-6161	Energy, Minerals and Na	tural Resources	Revised July 18, WELL API NO.	2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATIO	N DIVISION	30-025-42464	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM	STATE FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-1862	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Nam	ne
(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			Driver BVE State /	
PROPOSALS.)				
1. Type of Well: Oil Well	Gas Well Other	110000000	8. Well Number 2H	
Name of Operator EOG Resources, Inc.		DCT 1 6 2015		
3. Address of Operator	nd TV 70700	T. P. Land	10. Pool name or Wildcat	
P.O. Box 2267 Midla 4. Well Location	nd, 1X 79702	RECEIVED	Bell Lake; Bone Spring, North	
Unit Letter	2090 feet from the North	line and 300	feet from the West	ine
Section 14		Range 33E	NMPM County Lea	ne /
The second secon	11. Elevation (Show whether D	R, RKB, RT, GR, etc.)		170
	3668'	GR		15/4
12 Charle	Appropriate Box to Indicate	Nature of Notice	Papart or Other Data	
12. Check	Appropriate Box to indicate	nature of notice,	Report of Other Data	
			SEQUENT REPORT OF:	_
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐	CHANGE PLANS	COMMENCE DRI		П
DOWNHOLE COMMINGLE	MOETIFEE COMPE	CASING/CEIVIEN	30B	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: 5' new		×
of starting any proposed w	ork). SEE RULE 19.15.7.14 NMA		give pertinent dates, including estimated appletions: Attach wellbore diagram of	date
proposed completion or re-				
10/09/2015 - Made 5 new	hole. TD @ 50'. Hole size 20".			
				+
04/00/45				
Spud Date: 04/30/15	Rig Release I	Date:		
10 10 10 10 10 10 10 10 10 10 10 10 10 1				
I hereby certify that the information	above is true and complete to the	best of my knowledge	and belief.	
SIGNATURE Regulatory Analyst			DATE 10/12/15	
Type or print name Renee' Jarr	att E-mail addre	ee.	PHONE: 432-686-36	84
For State Use Only	E-mail addre	33.	PHONE:	
Accepte	d for Record Only			
	TITLE		DATE	-
Conditions of Approval (if any):				

In

OC | 2 0 2015