Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18 2013	
1625 N. French Dr., Hobbs, NM 88240	Minerals and Natural Resources	Revised July 18, 2013 WELL API NO. 30-025-41702	
811 S. First St., Artesia, NM 88210 OIL C	ONSERVATION DIVISION 220 South St. Francis Dr.	5. Indicate Type of Lease	
122 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	,	VB-1638	
87505 SUNDRY NOTICES AND RE	PORTS ON WELLS	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR PEI PROPOSALS.)	OR TO DEEPEN OR PLUG BACK TO A RMIT" (FORM C-101) FOR SUCH HOBBS OCD	Cable BVL State	
1. Type of Well: Oil Well Gas Well	Other	8. Well Number 1H	
2. Name of Operator EOG Resources, Inc.	OCT 2 8 2015	9. OGRID Number 7377	
3. Address of Operator	20	10. Pool name or Wildcat	
P.O. Box 2267 Midland, TX 797	02 RECEIMED	Rock Lake; Bone Spring	
4. Well Location Unit Letter M 200 fee	t from the South line and 66	60 feet from the West line	
	wnship 22S Range 35E	NMPM County Lea	
11. Elevation	n (Show whether DR, RKB, RT, GR, etc 3,559' GR		
	0,000 011		
12. Check Appropriate	Box to Indicate Nature of Notice,	, Report or Other Data	
NOTICE OF INTENTION	TO: SUE	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND			
TEMPORARILY ABANDON CHANGE PL PULL OR ALTER CASING MULTIPLE (
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM	E' nou	, hole	
OTHER: 13 Describe proposed or completed operation	OTHER: 5' new OTHER: 5' new Clearly state all pertinent details ar	ad give pertinent dates, including estimated date	
of starting any proposed work). SEE RUI			
proposed completion or recompletion.			
10/25/45 Made Flager hale TD @ 2001			
10/25/15 - Made 5' new hole. TD @ 200'.			
Spud Date: 03/28/14	Rig Release Date:		
I hereby certify that the information above is true a	nd complete to the hert of my knowled	re and belief	
Thereby certify that the information above is true a	nu complete to the best of my knowledg	ge and benef.	
SIGNATURE Pener Sarratt	TITLE Regulatory Analys	ot10/26/15	
Type or print name Renee' Jarratt	E-mail address:	PHONE: 432-686-3684	
For State Use Only	D-man agaress		
Accented for P	lecord Only	DATE	
APPROVED BY: Conditions of Approval (if any):	1111.15	DATE	

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