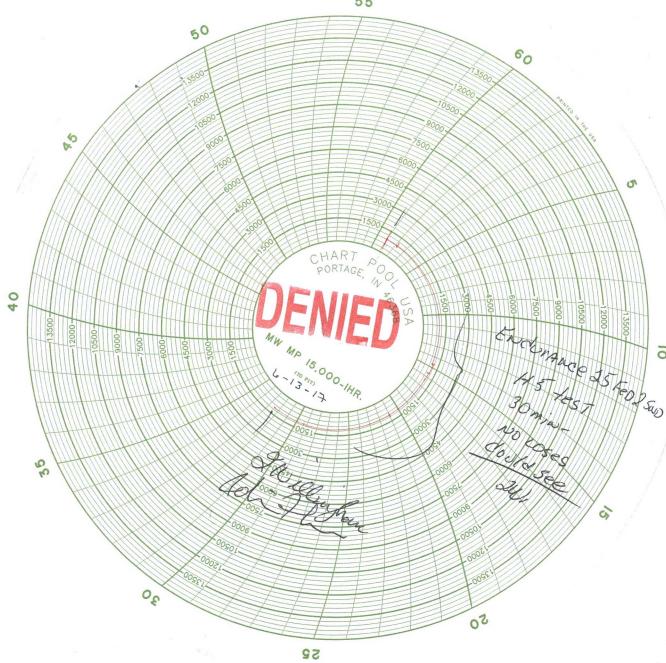
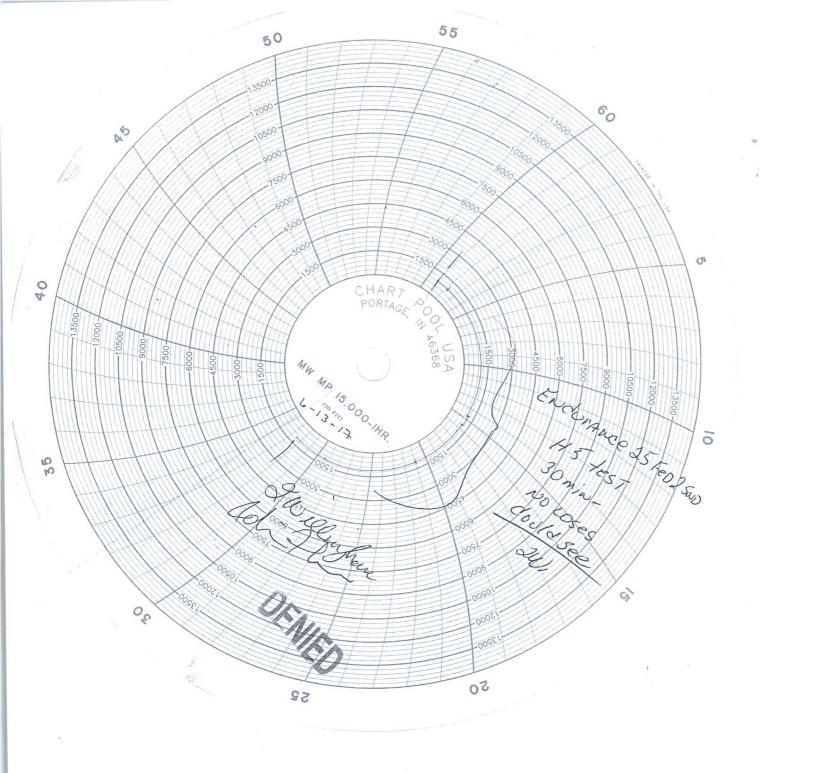
Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources		WELL ADINO	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	1220 South St. Francis Dr.		WELL API NO.	025-41067
811 S. First St., Artesia, NM 88210	1220 South St. Fra	DIVISION	5. Indicate Type of L	
			STATE	TEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	2107 6 I NOSanta Fe, NM 8	7303	6. State Oil & Gas Le	ase No.
87505	- AGROH			
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOSE)	ES AND REPORTS ON WELLS	UG BACK TO A	7. Lease Name or Un	
DIFFERENT RESERVOIR. USE "APPLIC.			Endurance 2	5 Federal
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Salt Water Disposal				2 /
2. Name of Operator EOG RE	9. OGRID Number	7377		
3. Address of Operator			10. Pool name or Wil	dcat
PO BOX				
4. Well Location Unit Letter E	2210 a NODT	ш , ос	00 0 0	MEST
Cint Detter	2310 feet from the NORT			e VVEST line Sounty LEA
Section 25	Township 26S R 11. Elevation (Show whether DR	ange 33E		ounty LLA
	3332'	, 10D, 11, ON, cic.)		
12. Check A	ppropriate Box to Indicate N	lature of Notice,	Report or Other Dat	ta
NOTICE OF IN	TENTION TO:	l SUB	SEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING				
TEMPORARILY ABANDON			_	AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ 🗌	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				
OTHER:		OTHER:		
	eted operations. (Clearly state all			
of starting any proposed wor proposed completion or reco	k). SEE RULE 19.15.7.14 NMA	C. For Multiple Cor	npletions: Attach wellb	ore diagram of
proposed completion of reco	inpiction.			
06/13/2017 MIRU, loc	cate leak, POOH w/tbg, RIF	H w/3 1/2" IPC L	-80 tba set @ 5903	3 '.
	5895'. Run MIT test, press	s up to 550 psi fr	o 30 min. No leaks	,
rig down,	clean loc, return to injectio	n		
		11 17	Venied	
0.1	of Marin Fartner	Chart-		# 1 1
Submission at request	of Kerry Fortner	Est to be ro	en on 1000	# chart nown 6/20/2017
Please give no	ofice to uco	1+ 1	#	
And re-test	on correct h	101 15.00	MY MY	MAUTY.
Please give no And re-test of recorder and ch	art.		,	4/20/2017
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information a	bove is true and complete to the b	est of my knowledge	e and belief.	
SIGNATURE KIM W	AND TITLE RA	gulatory Analyst	DATE	06/15/2017
SIGNATURE 7	Acres 1			
Type or print name Kay Maddo	E-mail addres	s:maddox@eog	gresources.com PHON	E: 432-686-3658
For State Use Only	wante to be of state			
APPROVED BY:	TITLE		DATE	
Conditions of Approval (if any):	DEMI			
	STATE OF THE PARTY			





GAS MEASUREMENT

Readina

CALIBRATION CERTIFICATE

Date: DueDate: 5/9/2017 5/9/2018

Model: Tech Cal

RIAL: 4029

This is to cerify that this instrument has been inspected and tested against Addited Digital Guage ADT GP30K, Serial#218141D0025 Calibrated (11-12-16). Reference Standard Serial#11-218 Certified with Dead Weight Model#KY250 Traceability#1500132804 Traceable to NIST. Calibrated in accordance with ISO9000 Quality Standards

This instrument is cerified to be accurate within 4/- 1% of nominal value

Input Ty	pe/ Range: 1 en Number: 2		Color: Red
ndino Applied	Reading	Descending Applied:	Rending 1500
O	0	15100	1200
2990	3000	7400	7500
7490	7500 12000	2900	300
15100	15000	1)	
			Color

Descending

Applied

Input Type/Range:

cending

Applied

Pen Number:

Reading.

Input Typel Range; Pen Number:		Color:		
Applie i	संस्थत ।	Descending Applied	Reading	
	P. Iding	Pen Number	Pen Number: Iding Descending	

Lachmicted ...