Submit One Copy To Appropriate District Office	State of New Me		Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natur		Revised November 3, 2011 WELL API NO.
DISTICT A RESERVED TO A TION INTUICION		DIVISION	30-025-41801 5. Indicate Type of Lease
District III 1000 Bir Brown Bd. Artes NY 187410 25 9 1220 South St. Francis Dr.		STATE X FEE	
1000 C C P ' D C ( P N)		505	6. State Oil & Gas Lease No.
87505 SLINDRY NOTIGING	CEIVED AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)		PERSIMMON BSS STATE COM	
1. Type of Well: X Oil Well Gas Well Other		8. Well Number #4	
2. Name of Operator EOG Y RESOURCES, INC		9. OGRID Number 25575	
3. Address of Operator PO BOX 2267 MIDLAND, TEXAS 79702		10. Pool name or Wildcat BERRY; BONE SPRING, NORTH	
4. Well Location			
Unit Letter H: 2440 feet Section 24 Township 21S			ST line
Section 24 Township 21S Range 33E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3694' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTEN			SEQUENT REPORT OF:
	UG AND ABANDON ☐ IANGE PLANS ☐	REMEDIAL WORK COMMENCE DRIL	
	ILTIPLE COMPL	CASING/CEMENT	JOB 🗆
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OTHER:  All pits have been remediated in com	unliance with OCD rules and th		ady for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR			
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
	rly as possible to original grou	nd contour and has b	een cleared of all junk, trash, flow lines and
other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with			
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.			
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have			
to be removed.)			
All other environmental concerns have been addressed as per OCD rules.			
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.			
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well			
location, except for utility's distribution infrastructure.			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
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SIGNATURE Kay Made	TITLE: R	EGULATORY SPE	CIALIST DATE 10/24/2018
TYPE OR PRINT NAME: KAY MAD For State Use Only		dox@eogresources.c	om PHONE: _432-686-3658
APPROVED BY: Xey forther Conditions of Approval (if any):	TITLE_	onglience	Office A DATE 11-9-18