| Submit 1 Copy To Appropriate District Office | | State of 14 | State of New Mexico | | | Form C-103 | | |
|--|--|--------------------------|---------------------|--------------------|-------------------------|------------------|-----------------|--|
| District I – (575) 393-6161 Energy, Minerals and Natural Resources | | | | | WELL API NO. | Revised Ju | ly 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 8 DBS OCD District II – (575) 748-1283 811 S. First St. Artesia NM 88210 OIL CONSERVATION DIVISION | | | | | 3002545225 | | | |
| District III - (5 | 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 FEB 1 1 2019 220 South St. Francis Dr. | | | | | of Lease | | |
| District W = (505) 476.3460 Santa Fe. NM 87505 | | | | | STATE 6. State Oil & G | FEE [| | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | | o. State On & O | las Lease No. | | |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS | | | | | 7. Lease Name of | or Unit Agreemen | nt 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.) | | | | | ARES 4 STATE | | | |
| 1. Type of Well: Oil Well Gas Well Other | | | | | 8. Well Number | | | |
| 2. Name of | Operator EOG R | 9. OGRID Number | | | | | | |
| 3. Address | | 10. Pool name or Wildcat | | | | | | |
| P O BOX 2267, MIDLAND TX 79702 | | | | | | | | |
| 4. Well Location Unit Letter P: 330 feet from the SOUTH line and 330 feet from the EAST line | | | | | | | | |
| | it Letter <u>'</u> ction 4 | Township 24S | | line and ge 33E | teet from NMPM | County LEA | line | |
| | | 11. Elevation (Show whet | | | | County LLA | Control Service | |
| 3584' GL | | | | | | | | |
| | | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | | | ALTERING CA | SING 🗌 | |
| TEMPORARILY ABANDON | | | | | | P AND A | Ц | |
| PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☑ DOWNHOLE COMMINGLE ☐ | | | | | | | | |
| | OOP SYSTEM | | | | | | | |
| OTHER: DRILL CSG 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. | | | | | | | | |
| | | | | | | | | |
| 10/06/2018 SPUD 17-1/2" HOLE Surface Casing @ 1,382' Run:13-3/8" 54.5# J-55 STC | | | | | | | | |
| Lead Cement w/ 316 sx Class C (13.5 ppg, 1.73 yld), Tail w/265 sx Class C (14.8 ppg, 1.33 yld) Test casing to 1,500, did not hold (leaky valve on truck). Circ 458 sx cement to surface | | | | | | | | |
| Resume Drilling | | | | | | | | |
| REVIS | ED TO CORRI | ECT API NUMBER | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | : | | | | | | |
| | | | | | | | | |
| Spud Date: | 10/06/2018 | Rig Re | lease Date | : | | | | |
| | 10/00/2010 | | | | | | | |
| 71 1 2 | <u> </u> | | | | 11.11.0 | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | |
| | | | | | | | | |
| SIGNATURI | | TITLE | Sr. Re | gulatory Adminis | stratorD | ATE 02/07/19 | | |
| Type or print | name Emily Folk | E-mail | address: | emily_follis@ed | ogresources.com | MONE: 432-84 | 8-9163 | |
| For State Us | | | | | <u>-</u> • • | | | |
| APPROVED BY: 10/09/2018 Petroleum Engineer DATE 02/13/19 | | | | | | | | |
| Conditions of Approval (if any): | | | | | | | | |
| | | | | | | | | |