

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

SOIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-41745
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TOUCAN BUY STATE		
8. Well Number 1H		9. OGRID Number 7377
10. Pool name or Wildcat SAN SIMON; BONE SPRING, NE		
SUNDRY NOTICES AND REPORTS ON WELLS (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.)		
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> SPUDDER WELL		
2. Name of Operator EOG RESOURCES INC		
3. Address of Operator PO BOX 2267 MIDLAND, TX 79702		
4. Well Location Unit Letter D : 200 feet from the NORTH line and 660 feet from the WEST line Section 27 Township 21S Range 35E NMPM County LEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3585' GR		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

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.

02/15/2019 MIRU, PMP 100 SXS CL C CMT FROM 180' TO SURFACE. VERIFIED CMT

WELL IS PLUGGED AND ABANDONED

Spud Date:

03/27/2014

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Kay Maddox

TITLE **Regulatory Analyst**

DATE **02/19/2019**

Type or print name **Kay Maddox**

E-mail address: **kay_maddox@eogresources.com** PHONE: **432-686-3658**

For State Use Only

APPROVED BY:

Kerry Forth

TITLE **Compliance Officer A**

DATE **2-25-19**

Conditions of Approval (if any):