| Submit 1 Copy To Appropriate District Office | State of New Mexico | Form C-103 | |
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| District I – (575) 393-6161 | Energy, Minerals and Natural Resources | Revised July 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. | |
| <u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 30-025-45516 | |
| District III – (505) 334-6178 | 1220 South St. Francis Dr. | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | STATE FEE | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Salita PC, INIVI 67505 | 6. State Oil & Gas Lease No. | |
| 87505 | | | |
| | TICES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name | |
| (DO NOT USE THIS FORM FOR PROPO | OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | |
| PROPOSALS.) | ICATION FOR PERMIT" (FORM C-101) FOR SLOTI | Hemlock 32 State | |
| 1. Type of Well: Oil Well | Gas Well Other | 8. Well Number 704H | |
| 2. Name of Operator | - CP - 019 | 9. OGRID Number | |
| EOG Resources, Inc. | MON VICE | 7377 | |
| 3. Address of Operator | IR LED | 10. Pool name or Wildcat | |
| P.O. Box 2267, Midland, Texas 7 | 9702 MA. ENV | WC-025 G-09 S243310P; Up Wolfcamp | |
| 4. Well Location | - FOY | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SIGNI 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator EOG Resources, Inc. 3. Address of Operator P.O. Box 2267, Midland, Texas 79702 4. Well Location Unit Letter N : 332 feet from the South line and 1834 feet from the West line Section 32 238 Township 33E Range NMNM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3665' | | | |
| Section 32 | 23S Township 33E Range | NMNM Lea County | |
| Section 32 | 11. Elevation (Show whether DR, RKB, RT, GR | atc) | |
| | 3665' | etc.) | |
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| 12 Charle | Ammunista Dan ta Indianta Nistana aCNIst | Daniert on Other Date | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF I | NTENTION TO: | UBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK | | · · · · · · · · · · · · · · · · · · · | |
| TEMPORARILY ABANDON | · · · · · · · · · · · · · · · · · · · | DRILLING OPNS. P AND A | |
| PULL OR ALTER CASING | + | = | |
| DOWNHOLE COMMINGLE | · | | |
| CLOSED-LOOP SYSTEM | | | |
| | OTHER: | | |
| OTHER: | 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date | | |
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