

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-33314
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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.)		7. Lease Name or Unit Agreement Name Parkway 23 State Com
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		Well Number 1
2. Name of Operator EOG Resources, Inc.		OGRID Number 7377
3. Address of Operator P.O. Box 2267 Midland, TX 79702		10. Pool name or Wildcat Turkey Track; Morrow (Gas)
4. Well Location Unit Letter <u>K</u> : <u>1448</u> feet from the <u>South</u> line and <u>2563</u> feet from the <u>West</u> line Section <u>23</u> Township <u>19S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3305 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/29/04 Spud 9:00 AM
Ran 8 jts 113/4", 42#, H-40 surface casing set @ 365'.
Cemented w/ 200 sx Class H, tailed w/ 400 sx Class C. CIRC 187 sx to surface.

6/30/04 Tested casing to 1000 psi. Test OK.

7/05/04 Ran 79 jts 8 5/8", 32#, J-55 intermediate casing set @ 3513'.
Cemented w/ 1000 sx 65C:35 POZ, tailed w/ 200 sx C. CIRC 280 sx to surface.

7/06/04 Tested casing to 1500 psi. Test OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 7/12/04

Type or print name _____ E-mail address: _____ Telephone No. 432 686 3689

FOR STATE USE ONLY

APPROVED BY: [Signature] TITLE _____ DATE JUL 15 2004

Conditions of Approval (if any): Resubmit w/o Time; Time spent pressure Testing casing BCD