

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

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

Form C-103
May 27, 2004

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.)

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other

RECEIVED

2. Name of Operator
EOG Resources Inc.

SEP 10 2004

3. Address of Operator
P.O. Box 2267 Midland, Texas 79702

OCD-ARTESIA

4. Well Location

Unit Letter **K**: **1448** feet from the **South** line and **2563** feet from the **West** line

Section **23** Township **19S** Range **29E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3305 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **Completion** ☒

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.

8/09/04 Perforated 11858' to 11865', 29 holes. Swab & flow test.

8/10/04 Continue flow test.

8/11/04 Acidized w/ 2000 gal 7 1/2% CO2 foamed acid. Flushed w/ 2940 gals foamed 2% KCL water. Flow test.

8/12/04 Continue flow & test.

8/16/04 RIH w/ 5 1/2" CIBP, set @ 11830'. Dump 20' of cement on CIBP for a PBTD of 11810'.

8/18/04 Perforated 11696' to 11700, 11718' to 11724, 11738' to 11748', 11752' to 11758'. SI WO frac.

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 NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE _____

Type or print name **Stan Wagner**

E-mail address: _____

Telephone No. **432 686 3689**

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

Conditions of Approval, if any:

Record

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

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

Form C-103
May 27, 2004

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.)		WELL API NO. 30-015-33314
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		6. State Oil & Gas Lease No.
2. Name of Operator EOG Resources Inc.		7. Lease Name or Unit Agreement Name: Parkway 23 State Com
3. Address of Operator P.O. Box 2267 Midland, Texas 79702		8. Well Number 1
4. Well Location Unit Letter K : 1448 feet from the South line and 2563 feet from the West line Section 23 Township 19S Range 29E NMPM County Eddy		9. OGRID Number 7377
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3305 GR		10. Pool name or Wildcat Turkey Track; Morrow (Gas)
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Completion <input checked="" 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.

8/21/04 Frac w/ 2000 gal 7 1/2% acid followed w/ 24,402 gals binary frac fluid; 55,000 # 20/40 Mesh Bauxite; flushed w/ 11,466 gals 30 # gelled KCL fluid followed by 2000 gal 7 1/2% acid. SION.
8/22/04 Perforated w/ 11581' to 11587', 11591' to 11599'. Frac w/ 2000 gal 7 1/2% acid followed w/ binary foam fluid containing 19,824 gal 40 # gelled KCL + 45,000 # 20/40 Bauxite. Flow & test.
8/23/04 Continue flow test.
8/26/04 Flow to sales.

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 8/30/04

Type or print name Stan Wagner

E-mail address:

Telephone No. 432 686 3689

For State Use Only

APPROVED BY Record TITLE _____ DATE _____

Conditions of Approval, if any: