Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District   RECEIVED Energy, Minerals and Natural Resources	June 19, 2008
* 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II MAY 2.3 2012 OIL CONSERVATION DIVISION	30-015-39736
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazo <b>NMOGDARTESIA</b> Santa Fe, NM 87505 District IV	STATE FEE X
1220 S St Francis Dr , Santa Fe, NM 87505	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:
1. Type of Well: Oil Well  Gas Well  Other swp	8. Well Number
2. Name of Operator	9. OGRID Number
EOG Resources, Inc.	7377
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702	SWD; Delaware
4. Well Location	
Unit Letter K: 2440 feet from the South line and	2440 feet from the West line
Section 8 Township 265 Range 31E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, 3261' GR	etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
12. Once Tippiophiae Don to indicate Tutate of Fronce, Report, of Other Data	
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	<del>-</del>
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT	
	<u></u>
DOWNHOLE COMMINGLE L	
OTHER: OTHER: Compl	etion X
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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.	
5/13/12 RIH w/ 3-1/2" IPC injection tubing and packer set at 3974'. Circulate packer fluid.	
5/15/12 Perform MIT test to 560 psi for 30 minutes. Test good. Chart attached.	
5/18/12 Place well on injection.	
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Spud Date: 2/20/12 Rig Release Date:	3/4/12
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Regulat	cory Analyst DATE 5/21/2012
Type or print name <u>Stan Wagner</u> E-mail address:	PHONE <u>432-686-3689</u>
For State Use Only	
APPROVED BY ROLLAND NAG TITLE COMPL	ANTO OFFICEN DATE 5/29/12
Conditions of Approval (if any):	