

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 88202  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-1283  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

DEC 1 0 2019 IL CONSERVATION DIVISION

DISTRICT/ARTESIA/O.C.D.

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-015-27320
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 MEDANO VA STATE
8. Well Number 12
9. OGRID Number 7377
10. Pool name or Wildcat LOS MEDANOS;DELAWARE

**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

2. Name of Operator  
EOG RESOURCES INC

3. Address of Operator  
PO BOX 2267 MIDLAND, TX 79702

4. Well Location  
 Unit Letter G : 1650' feet from the NORTH line and 2310' feet from the EAST line  
 Section 16 Township 23S Range 31E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3362' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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.

EOG PLUGGED THIS WELL USING THE FOLLOWING PROCEDURE:

- 09/29/2019 MIRU, PULLED TBG, RDMO
- 10/15/2019 MIRU, SET 5.5 CIBP @7740'
- 10/17/2019 RIH TAG CIBP @7731', PMP 65 SXS CL H CMT, ETOC @ 7216'
- 10/18/2019 TAG TOC @7202', PMP 25 SXS CL C CMT @ 5003', ETOC @ 4750', PERF SQZ @ 4222' W/30 SXS CL C CMT, WOC
- 10/19/2019 TAG TOC @ 3989', PMP 100 SXS CL C CMT, ETOC @ 3001'
- 10/22/2019 TAG TOC @ 2986', PERF SQZ @ 2984' W/40 SXS CL C CMT, ETOC @ 2591'
- 10/23/2019 TAG TOC @ 2601', PERF SQZ @ 2600' W/746 SXS CL C CMT, CIRC TO SURFACE
- 10/24/2019 TOP OFF CMT, VERIFIED CMT

WELL IS PLUGGED AND ABANDONED

Approved for plugging of well bore only.  
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms: www.emand.state.nm.us/ocd.

Spud Date: 07/13/1996

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 Specialist DATE 10/30/2019

Type or print name Kay Maddox E-mail address: kay\_maddox@eogresources.com PHONE: 432-686-3658  
**For State Use Only**

APPROVED BY: [Signature] TITLE Staff DATE 12/10/19  
 Conditions of Approval (if any):

[Handwritten mark]