Submit 3 Copies To Appropriate District	State of New M		Form C-103
Office District I	Energy, Minerals and Nat	ural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.
District II	OIL CONSERVATION	ON DIVISION	30-015-34682
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM		STATE 🗌 FEE 🗷
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		45678970	6. State Oil & Gas Lease No.
		70	
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT (150RM C	LOR PLUG BACK (する) A	7. Lease Name or Unit Agreement Name: Congo A 10 Fee
1. Type of Well:	(2)	RECEIVED 74 75	8. Well Number
Oil Well Gas Well	Other 18 00	U THIEDIN -	2н
2. Name of Operator	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0-1444	9. OGRID Number
EOG Resources Inc.	\c\2\ \c\2\	ESSISOS	7377
3. Address of Operator		62721203	10. Pool name or Wildcat
P.O. Box 2267 Midland, Tex	as 79702	100011	Cottonwood Creek; Wolfcamp, (Gas)
4. Well Location			, , , , , , , , , , , , , , , , , , , ,
		_	
Unit Letter <u>H</u> :	1880 feet from the N	orth line and	660 feet from the East line
Section 10	Township 16S	Range 25E	NMPM County Eddy
SULL TO THE PERSON OF THE PERS	11. Elevation (Show whethe		
		3458'	
Pit or Below-grade Tank Application	or Closure		
Pit type Depth to Groundwater .		esh water well Dis	stance from nearest surface water
Pit Liner Thickness: mil			on Material
TR Emer Thickness.	Delow-Grade Tank. Volum	Construction	on waterial
12. Check A NOTICE OF INTE PERFORM REMEDIAL WORK		SUB	Report, or Other Data SEQUENT REPORT OF: ALTERING CASING
<u> </u>	CHANGE PLANS	COMMENCE DRILLI	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	ABANDONMENT X
OTHER:		OTHER:	Г
	omerations (Clearly state all a		
of starting any proposed work). or recompletion.	SEE RULE 1103. For Multip	ertinent details, and givele Completions: Attach	e pertinent dates, including estimated date n wellbore diagram of proposed completion
8/29/06 TD Lateral @ 848	32 MD.		
Ran 191 jts 5 1,	/2", 17 ppg, N-80 casng s	et @ 8479'.	
			ex Acid Soluble, 15.0 ppg,
	culated 25 sx to surface		
<u>-</u>			
	$ \uparrow $		
I hereby certify that the formation al	ove is true and complete to th	e best of my knowledge	e and belief. I further certify that any pit or below-
1 // Len // //	/ a . a		or an (attached) alternative OCD-approved plan
SIGNATURE TO THE SIGNATURE	/ /		ry Analyst DATE 8/31/06
Tyme or print name (the Manne)	// E	-mail address:	m ! ! »
Type or print name Stan Wagner			Telephone No. 432 686 3689
For State Use Only Accepted	for record - NMOCD		
APPROVED BY	T	ITLE	DATE 91-1