Submit 3 Copies To Appropriate District	State of New Me		Form C-103
Office District I	Energy, Minerals and Natur	ral Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-015-34466
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE FEE x
District IV	Santa Fe, NM 8	/303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLICA		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name: MacKenzie 13 Fee
PROPOSALS.) 1. Type of Well:		OFOEN (FO	8. Well Number
Oil Well Gas Well	Other	RECEIVED	4H
2. Name of Operator		APR 2 6 2006	9. OGRID Number
EOG Resources Inc.		CUMPTERIA	7377
3. Address of Operator			10. Pool name or Wildcat
P.O. Box 2267 Midland, Texa	s 79702		Cottonwood Creek; Wolfcamp, West Gas
4. Well Location			
Unit Letter P :	feet from theSou	line and	760 feet from the East line
Section 13	Township 16S	Range 24E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3577 GR			
Pit or Below-grade Tank Application or Closure			
Pit type Depth to Groundwater _		water well Dist	tance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material			
NOTICE OF INTE PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING		SUBS REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CEMENT JOB	SEQUENT REPORT OF: ALTERING CASING PLUG AND ABANDONMENT
OTHER:	Ц	OTHER: comple	tion X
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.			
3/28/06 Frac w/ 42 bbls 15	% HCL acid, 46300 lbs 100	mesh sand, 62800	1bs 30/70 sand, 54300 lbs 20/40
sand, 10645 bbls f			
	50' to 6450', 48 holes.		71 00 00 1 00 00 1
sand, 10395 bbls f		mesh sand, 86900	1bs 30/70 sand, 68600 1bs 20/40
3/29/06 Begin flowing back			
4/01/06 Turned well to sal	-		
.,,			
I hereby certify that the information about	ve is true and complete to the	best of my knowledge	and belief. I further certify that any pit or below-
			or an (attached) alternative OCD-approved plan
SIGNATURE TITLE Regulatory Analyst DATE 4/3/06 E-mail address:			
Type or print name Stan Wagner	/	an audioss.	TI 1 1 N 100 101 0100
			Telephone No. 432 686 3689
For State Use Only FOR	RECORDS ONLY		APR 2 6 2006
FOR State Use Only FOR APPROVED BY		LE	•