

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. 30-015-35884
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.)		7. Lease Name or Unit Agreement Name: Yellowstone 23 State Com
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	8. Well Number 2H	
2. Name of Operator EOG Resources Inc.	9. OGRID Number 7377	
3. Address of Operator P.O. Box 2267 Midland, Texas 79702	10. Pool name or Wildcat Four Mile Draw; Wolfcamp	
4. Well Location Unit Letter I ; 1880 feet from the South line and 660 feet from the East line Section 23 Township 18S Range 21E NMPM County Eddy		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4131 GR		
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 checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/06/08 Spud.
Ran 30 jts 8 5/8", 32 #, J-55 casing set at 1291'.
Cemented w/ 200 sx Prem Plus C, 12.0 ppg, 2.34 yield; 100 sx Class H, 14.6 ppg, 1.51 yield;
500 sx 35/65 POZ C, 12.5 ppg, 1.99 yield; 400 sx Class C, 14.8 ppg, 1.33 yield.
Did not circulate cement to surface.
1/08/08 Ran temperature survey, TOC at 800'. Will top out through 1 " pipe.
Pumped 100 sx Thixotropic. RIH and tag cement at 745'.
Pumped 50 sx Class C. RIH and tag cement at 662'.

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 1/10/08
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:

Accepted for record - NMOCD

1/16/08