Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr. Hohbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004 WELL API NO.
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 Le, NM 87505	OIL CONSERVA 1220 South S Santa Fe, 1	t. Francis Dr.	30-015-35506 5. Indicate Type of Lease STATE FEE X 6. State Oil & Gus Lease No.
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIE PROPOSALS") 1. Type of Well: Oil Well 2. Name of Operator EOG Resources, Inc.		FOR PLUG BACK TO A	7 Lease Name or Unit Agreement Name ORINOCO B 8 FEE 8. Well Number 1H 9 OGRID Number 7377
3. Address of Operator P.O. Box 2267 Midland, Te 4 Well Location	xas 79702	OCD-ARTESIA	10. Pool name or Wildcat WILDCAT; Wolfcamp (GAS)
Unit Letter: I, 2180 feet from the South line and 208 feet from the East line Section 8 Township 16S Range 26F NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3346' Prt or Below-grade Tank Application N or Closure []			
Pit type: Ground Depth to Groundwater: 100' Distance from nearest fresh water well: >1000' Distance from nearest surface water: > 1,000'			
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume 10,300 bbls; Construction Material: Synthetic			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING	PLUG AND ABANDON [CHANGE PLANS	REMEDIAL WOR	ILLING OPNS P AND A
OTHER: EXTEND APD FOR 2 A	ADDITIONAL YEAR	X OTHER	
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			
EOG Resources, Inc. (EOG) respectfully requests approval to extend the APD. Expires on 3/28/2008.			
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/wiffibe constructed or closed according to SMOCD guidelines X, a general permit or an (attached) alternative OCD-approved plan .			
SIGNATURE UM 21.	Tir	ΓLE. <u>Sr. Lease Operations</u>	Representative DATE, 3/28/2008
Type or print name: Donny G. Glar	iton E-mail address: do	nny glanton@eogresourc	es com Telephone No. (432) 686-3642
APPROVED BY JAMBELLY M. Wilsozer ompliance Officer DATE 3-28-08 Conditions of Approval (if any):			