

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr, Hobbs, NM 88240
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

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505



WELL API NO. 30-015-36243
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BOW RIVER 28 STATE
8. Well Number: 2H
9. OGRID Number 7377
10. Pool name or Wildcat Four Mile Draw; Wolfcamp (G)

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
P.O. Box 2267 Midland, TX 79702

SEP 15 2008
OCD-ARTESIA

4. Well Location

Unit Letter O: 660 feet from the South line and 1880 feet from the East line

Section 28

Township 18S

Range 23E

NMPM

Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc)
3992'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: CANCEL APD

X

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

ACCEPTED FOR RECORD

CANCEL APD

SEP 16 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE: Sr. Lease Operations Rep.

DATE: 9/12/2008

Type or print name: Donny G. Glanton E-mail address: donny_glanton@eogresoures.com

PHONE: 432-686-3642

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):