

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

Form C-103  
June 19, 2008

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

WELL API NO.

30-015-37589

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Elk Wallow 11 State

8. Well Number

2H

9. OGRID Number

7377

10. Pool name or Wildcat

Wildcat; Bone Spring

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

4. Well Location

Unit Letter C: 155 feet from the North line and 1850 feet from the West line

Section 11 Township 25S Range 29E NMPM County Eddy

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

3059' GL

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: ☐

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.

6/24/10 Ran 9-5/8", 40 #, HCK55 & J55 ITC casing set at 5741'. DV tool at 3142'.  
Cemented 1st stage - lead w/ 525 sx Class C, 12.7 ppg, 2.218 yield; tail w/ 200 sx Class C, 14.8 ppg, 1.334 yield.  
Cement 2nd stage - lead w/ 800 sx Class C, 12.39 ppg, 2.216 yield; tail w/ 100 sx Class C, 14.8 ppg, 1.333 yield. Ran temp survey, TOC at 2870'.

6/25/10 Notified NMOCD. Received permission to perf and pump cement. Perforate 9-5/8" casing at 2800'.  
Cement w/ 732 sx Class C, 12.39 ppg, 2.216 yield. Tail w/ 38 sx Class C, 14.8 ppg, 1.333 yield.  
WOC 32 hrs.

Spud Date:

6/13/10

Rig Release Date:

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

SIGNATURE

*Stan Wagner*

TITLE

Regulatory Analyst

DATE

6/30/10

Type or print name Stan Wagner

E-mail address:

PHONE 432-686-3689

For State Use Only

APPROVED BY

*David Gray*

TITLE

Field Supervisor

DATE

7/6/10

Conditions of Approval (if any):

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June 19, 2008

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1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>EOG Resources, Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name: <b>Elk Wallow 11 State</b>
4. Well Location Unit Letter <b>C</b> : <b>155</b> feet from the <b>North</b> line and <b>1850</b> feet from the <b>West</b> line Section <b>11</b> Township <b>25S</b> Range <b>29E</b> NMPM County <b>Eddy</b>		8. Well Number <b>2H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3059' GL</b>		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat <b>Wildcat; Bone Spring</b>

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OTHER: ☐

SUBSEQUENT REPORT OF:

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6/26/10 Ran temp survey, found TOC at 732'. Notified NMCD. Received permission to proceed w/ drilling.

6/27/10 Test casing to 900 psi for 30 minutes. Test good.  
Resumed drilling 8-3/4" hole.

Spud Date:

6/13/10

Rig Release Date:

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

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 6/30/10

Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE 432-686-3689

For State Use Only

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):