Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources	Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240=	June 19, 2008 WELL API NO.
	30-015-37589 5. Indicate Type of Lease
District IV  OIL CONSERVATION DIVISION  OIL CONSERVATION DIVISION  1301 W. Grand Ave., Artesia, NM 88210  OIL CONSERVATION DIVISION  1220 South St. Francis Dr.  Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NINOBBSULD	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	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Elk Wallow 11 State
1. Type of Well; Oil Well X Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number
EOG Resources, Inc.	7377
3. Address of Operator P.O. Box 2267 Midland, TX 79702	10. Pool name or Wildcat Wildcat; Bone Spring
4. Well Location	· wirdcacy Bone Spring
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: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	LING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB
DOWNHOLE COMMINGLE	
OTHER.	🖼
OTHER: OTHER: completed operations. (Clearly state all pertinent details, and g	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
9/18/10 524029 lbs 20/40 SLC sand, 87808 bbls water.	
9/19/10 RTH to drill out plugs and clean out. 9/25/10 Finish cleaning out. RTH and set packer at 7147'.	
9/27/10 RIH w/ 2-7/8" production tubing and gas lift assembly.	
9/30/10 Turned to production.	
Spud Date: 6/13/10 Rig Release Date:	7/25/10
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Stan Way TITLE Regulat	ory Analyst DATE 10/7/10
Type or print name Stan Wagner E-mail address:	PHONE <u>432-686-3689</u>
For State Use Only	MOV o
APPROVED BY TITLE Conditions of Approval (if any):	DATE NOV 0 8 2010