Submit 3 Copies To Appropriate District  State of New Mexico  Office  Financy Minorals and Natural Pos	Form C-103
District I	WELL API NO.
1625 N. French Dr., Hobbs, NM 87240  District II  OH. CONSERVATION DIVI	
1301 W. Grand Ave., Artesia, NM 88210	SION CI
District III 1220 South St. Francis D 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE 🗷 FEE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR S PROPOSALS.)	
1. Type of Well:	8. Well Number
Oil Well X Gas Well Other	2H
2. Name of Operator	9. OGRID Number
EOG Resources, Inc.	7377
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702  4. Well Location	Turkey Track; Bone Spring
	line and 200 feet from the West line
Section 23 Township 195 Range	29E NMPM County Eddy
Section 23 Township 198 Range 11. Elevation (Show whether DR, RK)	
3311' GL	, (1, 00)
12. Check Appropriate Box to Indicate Nature	of Notice, Report, or Other Data
	•
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	DIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMM	ENCE DRILLING OPNS. 🔀 P AND A
	G/CEMENT JOB 🗓
DOWNHOLE COMMINGLE L	
OTHER CONTROL	
OTHER: OTHER	
<ol> <li>Describe proposed or completed operations. (Clearly state all pertinent d of starting any proposed work). SEE RULE 1103. For Multiple Completor recompletion.</li> </ol>	
3/10/11 Spud 14-3/4" hole.	<u> </u>
Ran 8 jts 11-3/4", 42#, H-40 STC casing set at 36	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cemented w/ 300 sx Class C, 14.8 ppg, 1.346 yield Circulated 1058 sx cement to surface. WOC 52 hrs	i i
3/12/11 Tested casing to 1000 psi for 30 minutes. Test g	1 ALIVER 2011 1
Resumed drilling 11" hole.	NMOCD ARTESIA
	111110000
Spud Date: 3/10/11 Rig Release Date:	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of	my knowledge and belief
Of the control of the complete to the cost of the cost	my knowledge and oblief.
SIGNATURE Stan Way TITLE	Regulatory Analyst DATE 3/29/11
Type or print name <u>Stan Wagner</u> E-mail addre	ess:PHONE_432-686-3689
For State Use Only	
APPROVED BY David May TITLE Field Supervisor DATE 4-5-11	

Conditions of Approval (if any):