

Submit 1 Copy To Appropriate District Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

REC'D NMOCD

10/21/2020

Form C-103  
Revised July 18, 2013

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

WELL API NO.	30-015-27155
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name PAULINE ALB STATE	
8. Well Number	7
9. OGRID Number	7377
10. Pool name or Wildcat SAND DUNES;DELAWARE,WEST	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3383' GR	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator EOG RESOURCES INC	
3. Address of Operator PO BOX 2267 MIDLAND, TX 79702	
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>32</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3383' GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

EOG PLUGGED THIS WELL USING THE FOLLOWING PROCEDURE:

10/03/2020 MIRU  
10/04/2020 RIH, SET CIBP @7743', TAG CIBP @ 7743', PMP 25 SXS CL H CMT  
10/05/2020 TAG TOC @7600', NMOCD APPRVD TOP, PUH TO 6760', SPOT 25 SXS CL C CMT, CTOC @ 6505' PUH TO 4150', PMP 95 SXS CL C CMT, CTOC @ 3213'  
10/06/2020 TAG TOC @ 3272', RIH TO 3250', PERF 3 SPF, PRESS UP TO 500 PSI, COULD NOT PMP INTO, PUH TO 3210', PERF 3 SPF PRESS UP TO 300 PSI, CIRC, SET PKR @ 1405', PMP 300 SXS CL C CMT  
10/07/2020 TAG TOC @ 1900', PUH TO 1850' PERF 3 SPF, SET PKR @ 273', PRESS UP TO 500 PSI, PMP 300 SXS CL C CMT TAG TOC @ 654', PUH TO 556', PERF 3 SPF, PMP 150 SXS CL C CMT, CIRC TO SURF

VERIFIED CEMENT AT SURFACE - WELL IS PLUGGED AND ABANDONED

Spud Date:

12/14/1992

Rig Release Date:

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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

SIGNATURE Kay Maddox TITLE Senior Regulatory Specialist DATE 10/20/2020

Type or print name Kay Maddox E-mail address: kay\_maddox@eogresources.com PHONE: 432-686-3658

**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/27/2020

Conditions of Approval (if any):