

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

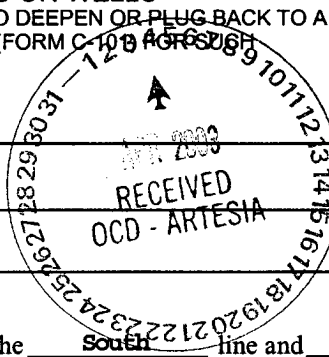
State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

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Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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-103) FOR PROPOSALS.)		WELL API NO. <b>30-015-32353</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		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, Texas 79702</b>		7. Lease Name or Unit Agreement Name: <b>Gordon 23 State Com</b>
4. Well Location Unit Letter <b>N</b> : <b>997</b> feet from the <b>South</b> line and <b>1445</b> feet from the <b>West</b> line Section <b>23</b> Township <b>19S</b> Range <b>37E</b> NMPM County <b>Lea</b>		8. Well No. <b>1</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3480</b>		9. Pool name or Wildcat <b>Wildcat; Strawn</b>



11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>Plugback</b> <input checked="" type="checkbox"/>	

12. 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 recompilation.

3/13/03 MIRU, RIH w/ 2 7/8" CIBP. Set CIBP @ 10,400'. Pressure 2 7/8" casing and CIBP, lost pressure immediately. Appears CIBP failed.  
3/14/03 RIH w/ 2 7/8" CIBP and set @ 10,393'. Pressure to 500 psi, OK.  
3/15/03 RIH w/ 2 7/8" CIBP and set @ 10,370'. Tested to 2000 psi for 10 min, OK. RIH w/ dump bailer and dumped 40' of cement on top of CIBP. PBTD @ 10,330'.  
3/16/03 MIRU swab rig. Swabbed well.  
3/17/03 SD for Sunday.  
3/18/03 Acidized w/ 2500 gal 7 1/2% NEFE HCL. Swab well.  
3/19/03 Swab well, started flowing, 48/64 choke. Turn to test.

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 4/2/03

Type or print name Stan Wagner Telephone No. 915 432 686 3689

(This space for State use)  
APPROVED BY Jim W. Lewis TITLE District Supervisor DATE APR 4 2003  
Conditions of approval, if any: