Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office Energy	Minerals and Natural Resources	June 19, 2008
District I 1625 N French Dr , Hobbs, NM 87240		WELL API NO.
District II 1301 W. Grand Ave , Artesia, NM 88210 District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		<u>30-015-39723</u>
		5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE 🕱 FEE
1220 S. St Francis Dr, Santa Fe, NM 37505		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 DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		7. Lease Name or Unit Agreement Name:
		Elk Wallow 11 State
1. Type of Well:		8. Well Number
Oil Well X Gas Well Other		8H
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		Corral Draw; Bone Spring
Unit Letter <u>B</u> : 170	feet from theNorth line and	2640 feet from the East line
	Township 255 Range 29E	NMPM County Eddy
11. Elev	ation <i>(Show whether DR, RKB, RT, GR,</i> 3056' GR	etc.)
	· · · · · · · · · · · · · · · · · · ·	Denert an Other Dete
12. Check Appropriat	e Box to Indicate Nature of Notice	, Report, or Other Data
NOTICE OF INTENTION		BSEQUENT REPORT OF:
•		*
EMPORÁRILY ABANDON 🔲 CHANGE	E PLANS 🛛 🗂 🐪 COMMENCE DRÍL	
PULL OR ALTER CASING		JOB
	, , , ,	
		_
DTHER:	OTHER:	
 Describe proposed or completed operations of starting any proposed work). SEE RUL or recompletion. 		give pertinent dates, including estimated date ch wellbore diagram of proposed completion
3/30/12 Ran 106 jts 9-5/8", 40#,	T55/HCK 55 LTC casing set at 4715	۲ <u>.</u>
	0:50:10 Class C, 11.8 ppg, 2.465	
	rculated 48 sx cement to surface.	
	for 30 minutes. Test good.	PECEWER
Resumed drilling 8-3/4" h	ole.	RECEIVED
		APR 5 2012
· · · · · · · · · · · · · · · · · · ·		NMOCD ARTESIA
Spud Date: 3/25/12	Dia Balance Data	CC
Spud Date: 3/25/12	Rig Release Date:	
hereby certify that the information above is tru	e and complete to the best of my knowled	lge and belief.
SIGNATURE that and	TITLERegulat	ory Analyst DATE 4/2/2012
Type or print name <u>Stan Wagner</u>	E-mail address:	PHONE <u>432-686-3689</u>
		THORE
For State Use Only	TITLE	Dewse DATE Of 11/2012
Conditions of Approval (if any):		T