Submit 3 Copies To Appropriate District  State of New Mexico  Office  Finergy Minerals and Natural Res	Form C-103
Office Energy, Minerals and Natural Res 1625 N. French Dr., Hobbs, NM 87240	Ources June 19, 2008 WELL API NO.
District II OII CONSEDVATION DIV	20 015 20040
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis D	or. 5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505 District IV	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	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 PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	
1. Type of Well:	8. Well Number
Oil Well Gas Well Other	9H
2. Name of Operator	9. OGRID Number
EOG Resources, Inc.  3. Address of Operator	7377 10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702	Pierce Crossing; Bone Spring, East
4. Well Location	
Unit Letter P: 435 feet from the South	line and 1220 feet from the East line
Section 11 Township 25S Range	29E NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3121' GR	
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 REME	DIAL WORK ALTERING CASING
TEMPORARILY ABANDON	IENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	
DOWNHOLE COMMINGLE	
OTHER: OTHE	30
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
7/11/12 Shut-in.	
7/31/12 Clean out w/ foam air unit. 8/09/12 Swab  RECEIVED	
8/16/12 RIH w/ 2-3/8" production toubing and gas lift assembly set at 7542'.	
8/24/12 Turned to sales  NMOCD ARTESIA	
NMOCD ARTES	
Spud Date: 1/31/2012 Rig Release Date	: 2/17/2012
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Stan Way TITLE Regulatory Analyst DATE 2/23/2012	
Type or print name <u>Stan Wagner</u> E-mail address: <u>PHONE 432-686-3689</u>	
For State Use Only	
APPROVED BY TITLE DIST PSYCHOLOGY DATE 9/26/12  Conditions of Approval (if any):	
A A CONTRACTOR OF THE CONTRACT	