

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-34097
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Mackenzie 13 Fee
8. Well Number 1H
9. OGRID Number 7377
10. Pool name or Wildcat Wildcat

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	RECEIVED JUL 0 5 2005 OCD-ARTESIA
2. Name of Operator EOG Resources Inc.	
3. Address of Operator P.O. Box 2267 Midland, Texas 79702	
4. Well Location Unit Letter M ; 660 feet from the South line and 760 feet from the West line Section 13 Township 16S Range 24E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3590 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/20/05 Spud well @ 1:00 AM.
Ran 20 jts 8 5/8", 32 #, J-55 surface casing set @ 910'.
Cemented 1st stage w/ 55 sx 50:50 POZ C + additives, 12.0 ppg, 2.52 cu.ft./sx; followed by 200 sx Class C, 14.8 ppg, 1.32 cu.ft./sx. Open DV tool (416'). CIRC 55 sx lead, 50 sx tail to surface. Cemented 2nd stage 255 sx 35:65 POZ C followed by 200 sx Class C, 14.8 ppg, 1.32 cu.ft./sx. Did not circulate. WOC 6 hrs for temperature survey. TOC @ 150'.
Notified NMOCD - Phil Hawkins, permission given to use 1" pipe. Cement thru 1" pipe w/ 50 sx Class C. Est TOC @ 120'. WOC 2 hrs. Run 1" & tag cement @ 122'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 6/30/05
Type or print name Stan Wagner E-mail address: _____ Telephone No. 432 686 3689

For State Use Only

FOR RECORDS ONLY

JUL 0 6 2005

APPROVED BY _____ TITLE _____ DATE _____
Conditions of Approval, if any:

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1. Type of Well:
Oil Well ☐ Gas Well ☒ Other

RECEIVED

2. Name of Operator
EOG Resources Inc.

JUL 05 2005

3. Address of Operator
P.O. Box 2267 Midland, Texas 79702

4. Well Location

Unit Letter **M** : **660** feet from the **South** line and **760** feet from the **West** line
Section **13** Township **16S** Range **24E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3590 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

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.

6/20/05 Cement w/ 50 sx Class C, 14.8 ppg, 1.32 cu.ft./sx. CIRC 14 sx to surface. WOC 20.5 hrs.
6/23/05 Tested casing to 1000 psi for 30 min. Test good.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 6/30/05

Type or print name **Stan Wagner**

E-mail address:

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