

Submit 1 Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 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  
 Revised July 18, 2013

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

WELL API NO. <b>30-025-30949</b>
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: <b>East Corbin Delaware Unit</b>
8. Well Number <b>3</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>West Corbin Delaware</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3865 GR</b>

**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-10) PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other  **DUJ**  
**MAR 04 2015**

2. Name of Operator  
**EOG Resources Inc.**

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

4. Well Location  
 Unit Letter **O** : **660** feet from the **South** line and **1980** feet from the **East** line  
 Section **16** Township **18S** Range **33E** NMPM County **Lea**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 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 Resources will rig up to make repairs to a suspected tubing / packer leak as soon as possible.  
 NMOCD will be notified for an MIT test when repairs are concluded.**

**The Oil Conservation Division  
 MUST BE NOTIFIED 24 Hours  
 Prior to the beginning of operations**

**Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of running MIT Test & Chart**

Spud Date:  Rig Release Date:

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 02/27/2015  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE 432-686-3689

**For State Use Only**  
 APPROVED BY Mary Brown TITLE Dist. Supervisor DATE 3/4/2015

Conditions of Approval (if any):

**MAR 05 2015**

*AM*