Submit One Copy To Appropriate District	State of New Me	exico		Form C-103
Submit One Copy To Appropriate District Office District I 1625 N. French Dr., Hobbs, NOSBES District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		Revised November 3, 2011		
1625 N. French Dr., Hobbs, NASBBS OCU		WELL API NO. 30-025-42460		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NMAR 2 2 2019 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505		STATE X FEE		
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa FRECEIV 87505	ED			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	Init Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			NECTARINE	BSQ STATE COM
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		·		
1. Type of Well: Oil Well Gas Well Other			8. Well Number #2	
2. Name of Operator			9. OGRID Number	
EOG RESOURCES, INC			7377 10. Pool name or Wildcat	
3. Address of Operator PO BOX 2267 MIDLAND, TEXAS 79702			BERRY; BONE SPRING, NORTH	
4. Well Location			DERICH, DOILE OF	
Unit Letter <u>L</u> : <u>2440</u> feet from \underline{L}	m the SOUTH line and 760	fact from the WEST	C line	1
Section 24 Township 21S		County LEA		
	Elevation (Show whether DR,	- /		
	3784' GL	MD, M, ON, EC.)		,
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REPO	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				LTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			_	
		O'CONTOCIOLINEI III		
OTHER:		🛛 Location is re	ady for OCD inspect	ion after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
\mathbf{N} The location has been leveled as near	rly as possible to original group	nd contour and has h	peen cleared of all jun	k trash flow lines and
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.)				
All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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signature <u>Kuy Mudduf</u>	τιτι Ε. Βι	CUIL ATODY SDE	CIALIST DATE (2/20/2010
SIGNATORE <u>Aug Muluup</u>		EGULATORI SPE	CIALISI DATE (512012019
TYPE OR PRINT NAME: KAY MAD	DOX E-MAIL: <u>kay madd</u>	lox@eogresources.c	om PHONE: _432-	686-3658
For State Use Only			_	
APPROVED BY: Keny Junh Conditions of Approval (if any).	· · · · · · ·	A. A	Mi. A -	4-9-1G
APPROVED BY: JUVY, JVM	the TITLE LO	mpliance V	ffree 12 D	AIE
Conditions of Approval (if any r.		U I		

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