NMOCD Rec'd: 10/14/2020

Office	State of New Mexico			Form C-103		
District I Energy, Mine	Energy, Minerals and Natural Resources		Revised November 3, 2011 WELL API NO.			
1625 N. French Dr., Hobbs, NM 88240 District II			30-015-25061			
011 B. That BL, Theola, 100 00210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease			
1000 Pio Brazos Pd Aztec NM 87410	1220 South St. Francis Dr.		STATE 🗌 FEE 🖂			
District IV Sall 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.			
87505						
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Williams			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number			
PROPOSALS.) 1. Type of Well: Oil Well Gas Well P&A			9			
2. Name of Operator			9. OGRID Number			
EOG Resources, Inc.			7377			
3. Address of Operator			10. Pool name or Wildcat			
104 South Fourth Street, Artesia, NM 88210			Atoka; Gorieta-Yeso			
4. Well Location						
Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>East</u> line						
Section 25 Township 18S Range 26E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				nty		
11. Elevation (Snow whether DR, RKB, R1, GR, etc.) 3277' GR						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
—	PLUG AND ABANDON REMEDIAL WOR			P AND A	G CASING 🔲 🕇	
PULL OR ALTER CASING MULTIPLE COMP						
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OTHER: Construction is ready for OCD inspection 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. 						
\boxtimes 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						
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> PERMANENTLY STAMPED ON THE MARKER'S SURFACE.						
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. Buried power lines removed. Not Removed						
 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. Buried cables on west side removed.						
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have						
to be removed.) <u>Trash removed.</u> Not 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. No active pipeline(s) within EOG Resources gas/water system.						
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 CARCINATION	TITLE: <u> </u>	Environmental Sup	pervisor	_DATE	10/13/2020	
TYPE OR PRINT NAME: <u>Robert Asher</u>	E-MAIL:	Robert Asher@ea	ogresources.com	PHONE:	575-748-4217	
For State Use Only					- · · · · · · · · · · · · · · ·	
	DENIED			F ·	40/00/0000	
APPROVED BY:	DEINIED			DATE_Q	gc 10/23/2020	

APPROVED BY: _____ Conditions of Approval (if any):

