

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

REC'D NMOCD  
 10/20/2020

Form C-103  
 Revised July 18, 2013

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

WELL API NO.	30-015-27156
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 PAULINE ALB STATE	
8. Well Number	8
9. OGRID Number	7377
10. Pool name or Wildcat SAND DUNES;DELAWARE,WEST	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3365' GR	

**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  Gas Well  Other

2. Name of Operator  
EOG RESOURCES INC

3. Address of Operator  
PO BOX 2267 MIDLAND, TX 79702

4. Well Location  
 Unit Letter L : 1980 feet from the SOUTH line and 660 feet from the WEST line  
 Section 32 Township 23S Range 31E NMPM County EDDY

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	P AND A <input checked="" 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 PLUGGED THIS WELL USING THE FOLLOWING PROCEDURE:

10/08/2020 MIRU  
 10/09/2020 SET CIBP @7704', PMP 25 SXS CL H CMT  
 10/10/2020 TAG TOC @ 7593', PUH 6769', PMP 25 SXS CL C CMT, PUH 4130', PMP 113 SXS CL C CMT, WOC, TAG TOC 3040', PUH TO 3020', PERF 3 SPF  
 10/11/2020 SET PKR @ 280', PMP 555 SXS CL C CMT, WOC, TAG TOC @ 652', PUH TO 551', PERF 3 SPF, PMP 130 SXS C CMT TO SURF

VERIFIED CEMENT - WELL IS PLUGGED AND ABANDONED

Spud Date:

02/06/1993

Rig Release Date:

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kay Maddox TITLE Regulatory Analyst DATE 10/20/2020

Type or print name Kay Maddox E-mail address: kay\_maddox@eogresources.com PHONE: 432-686-3658

**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/23/2020

Conditions of Approval (if any):