

Submit One Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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

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

EMNRD-OCD ARTESIA
REC'D: 6/12/2020

Form C-103

Revised November 3, 2011

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|--|---|--|--|-----------------------|--|--|---|--|--|--|---------------------------------------|--|----------------------------------|---|---|--|--|---------------------------------|--|--|--|
| WELL API NO. 30-015-23398 | | | | | | | | | | | | | | | | | | | | | |
| 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 Jackson Estate BY | | | | | | | | | | | | | | | | | | | | | |
| 8. Well Number 12 | | | | | | | | | | | | | | | | | | | | | |
| 9. OGRID Number 7377 | | | | | | | | | | | | | | | | | | | | | |
| 10. Pool name or Wildcat Eagle Creek; San Andres | | | | | | | | | | | | | | | | | | | | | |
| 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: <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | |
| 2. Name of Operator EOG Resources, Inc. | | | | | | | | | | | | | | | | | | | | | |
| 3. Address of Operator 105 South Fourth Street, Artesia, NM 88210 | | | | | | | | | | | | | | | | | | | | | |
| 4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>South</u> line and <u>430</u> feet from the <u>West</u> line Section <u>22</u> Township <u>17S</u> Range <u>25E</u> NMPM <u>Eddy</u> County | | | | | | | | | | | | | | | | | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3546' GR | | | | | | | | | | | | | | | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table border="0"><tr><td colspan="2">NOTICE OF INTENTION TO:</td><td colspan="2">SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>P AND A <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>MULTIPLE COMPL <input type="checkbox"/></td><td>CASING/CEMENT JOB <input type="checkbox"/></td><td></td></tr><tr><td colspan="2">OTHER: <input type="checkbox"/></td><td colspan="2"><input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A</td></tr></table> <input checked="" type="checkbox"/> All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. <input checked="" type="checkbox"/> Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. <input checked="" type="checkbox"/> A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | 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"/> | P AND A <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | | <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A | |
| 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"/> | P AND A <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| OTHER: <input type="checkbox"/> | | <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A | | | | | | | | | | | | | | | | | | | |

**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.**

- ☒ 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.) **Casing cut 3' BGL. Casing cut 3' BGL (see attached photos).**
- ☒ 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.

SIGNATURE Robert Asher TITLE: Environmental Supervisor DATE 6/1/2020

TYPE OR PRINT NAME: Robert Asher E-MAIL: Robert.Asher@eogresources.com PHONE: 575-748-4217
For State Use Only

APPROVED BY: Staff Manager TITLE Staff Manager DATE 6/23/2020

Conditions of Approval (if any):

Entered - KMS NMOC