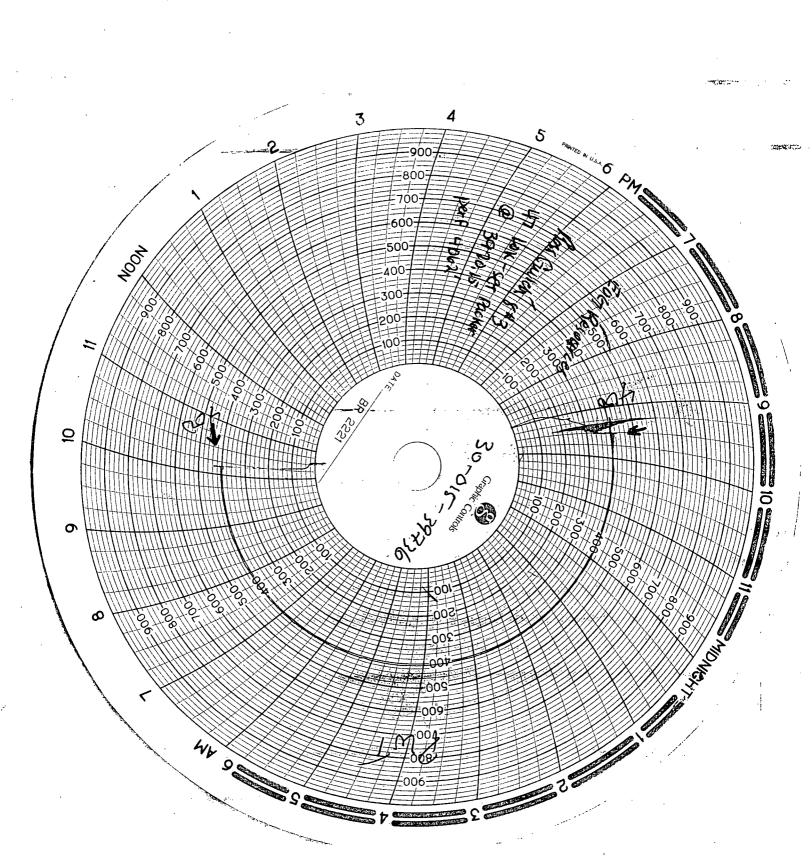
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-39736
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOT	7. Lease Name or Unit Agreement Name	
(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		Ross Gulch 8
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Water Injection		8. Well Number 3
2. Name of Operator		9. OGRID Number
EOG Resources, Inc. 3. Address of Operator		7377 10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702		SWD; Delaware
4. Well Location K	2440 South	2440 West
Unit Letter : Section 8	feet from the line and _ Township 26S Range 31E	feet from theline NMPM County Eddy
Section Section	11. Elevation (Show whether DR, RKB, RT, GR, a	,
	3261' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL W	
TEMPORARILY ABANDON		DRILLING OPNS P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEM	ENT JOB .
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	
	oleted operations. (Clearly state all pertinent details, ork). SEE RULE 19.15.7.14 NMAC. For Multiple completion.	
3/25/15 MIRU to repair	•	
Unset packer and pull out with tubing and packer. Lay down. Send packer into shop for repair.		
	le w/ 3-1/2" IPC injection tubing and 7" Lockset 0 400 psi. Test good. Chart attached.	packer set at 3970'.
Returned to inje		NM OIL CONSERVATION
•		ARTESIA DISTRICT
		APR 27 2015
		RECEIVED
Spud Date:	Rig Release Date:	
		· ·
I hereby certify that the information	above is true and complete to the best of my knowle	edge and belief.
#1	Regulatory Anal	yst 04/24/2015
SIGNATURE Stan Wash	IIILE	DATE
Type or print name Stan Wagfie For State Use Only	E-mail address:	PHONE: 432-686-3689
TO State OSC OHLY		

TITLE COMPLIANCE OFFICER DATE 4/27/15

APPROVED BY: Rechard Mas Conditions of Approval (if any):



ANTONIO ALCOVA Online S Manual Soligas

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3/28/2015