	NM OIL CONSERVATION			
Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources		ARTESIA DISTRICT APR 07 2017	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-015-42223	
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505		STATE FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87505	-		E-10167	ase 140.
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.)			7. Lease Name or Unit Agreement Name Boyd X State Com	
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other			8. Well Number #15H	
2. Name of Operator EOG Y Resources			9. OGRID Number 025575	
 Address of Operator 104 S. 4th Street Artesia, NM 88210 			10. Pool name or Wildcat	
4. Well Location			N. Seven Rivers; Glorieta-Yeso	
	35 feet from the North line	e and 15 feet f	rom the West	line
Section 16	Township 19S Range		IPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3517'	GR	<u>Braza</u> rt	
12. Check A	ppropriate Box to Indicate Na	ature of Notice,	Report or Other Data	a
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	LLING OPNS.	RT OF: ERING CASING □ ND A □
CLOSED-LOOP SYSTEM		OTHER:		
	eted operations. (Clearly state all p k). SEE RULE 19.15.7.14 NMAC mpletion.			
EOG Resources respectfully requests	to make the following changes to t	he approved APD.		
We request a EOC TVD change to ap	prox. 2489' and 2652' at EOL. Tar	get formation will	remain the same.	
Thank you,				
Spud Date: 3/3/17	Rig Release Dat	te:		
I hereby certify that the information a	bove is true and complete to the be	st of my knowledg	e and belief.	
Marini 1	UMUL TITLE St.	Anasation	asystant DATE	4/7/17
, –		/		
Type or print name <u>Naomi Farmer</u> For State Use Only	E-mail address: <u>naomi_farm</u>	er@eogresources.	<u>com</u> PHONE: <u>575-74</u>	<u>8-4211</u>
APPROVED BY: Augment Conditions of Approval (grany):	CK PadaryTLE bre	ologist	DATE	4-7-2017
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