| Submit 1 Copy To Appropriate District Office  | State of New Mexico                    |                          | Form C-103   |                                      |  |
|---|--|--------------------------|--|--------------------------------------|--|
| District I – (575) 393-6161   | Energy, Minerals and Natural Resources |                          | Revised July 18, 2013  |                                      |  |
| 1625 N. French Dr., Hobbs, NM 88240   |  |                          | WELL API NO.   |                                      |  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION              |                          | 30-015-41726   |                                      |  |
| <u>District III</u> – (505) 334-6178  | 1220 South St. Francis Dr.             |                          | 5. Indicate Type of Lease  |                                      |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | Santa Fe, NM 87505                     |                          | STATE FEE 6. State Oil & Gas Lease No.   |                                      |  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM  | Sunta 1 0, 14141 07303                 |                          | 6. State Off & Gas Lease I   | NO.                                  |  |
| 87505   |  |                          |  |                                      |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                          | 7. Lease Name or Unit Ag   | 7. Lease Name or Unit Agreement Name |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |  |                          | Roy AET  |                                      |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)   |  |                          | 8. Well Number   |                                      |  |
|   |  |                          |  |                                      |  |
| 2. Name of Operator   |  |                          | 9. OGRID Number  |                                      |  |
| EOG Y Resources, Inc.   |  |                          | 025575   |                                      |  |
| 3. Address of Operator  |  |                          | 10. Pool name or Wildcat   |                                      |  |
| 104 South Fourth Street, Artesia, NM 88210  |  |                          | Penasco Draw; SA-Yeso  |                                      |  |
| 4. Well Location  |  |                          |  |                                      |  |
| Unit Letter P:  | feet from the                          | South line and           | feet from the  | East line                            |  |
| Unit Letter M:  | 409 feet from the                      | South line and           | 331 feet from the  | West line                            |  |
| Section 8   | Township 19                            | S Range 25E              | NMPM Eddy  | County                               |  |
| Section   |  |                          |  | County                               |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3529' GR   |  |                          |  |                                      |  |
| Southern the registration to real Soliton and the real terms of the second  |  |                          | And the second of the second o | s                                    |  |
| 12 Charle Appropriate Day to Indicate Nature of Natice Papart or Other Date   |  |                          |  |                                      |  |
| 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 WOR   |  |                          |  |                                      |  |
| TEMPORARILY ABANDON   |  | _                        | RILLING OPNS. P AND A  |                                      |  |
| PULL OR ALTER CASING  |  |                          |  |                                      |  |
| DOWNHOLE COMMINGLE  | -                                      | _ O/ (OIN O/ OE ME       |  |                                      |  |
| CLOSED-LOOP SYSTEM  |  |                          |  |                                      |  |
| OTHER:  | <b>-</b>                               | OTHER:                   |  |                                      |  |
| 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.  |  |                          |  |                                      |  |
|   | _                                      |                          |  |                                      |  |
| 4/12/17 – Pressure tested to 500 ps   |  |                          |  |                                      |  |
| 4/13/17 - Pressured tested lines to 3500 psi. Pumped 750g 15% NEFE HCL acid down tubing. Displaced with 20 bbls 2% KCL with             |  |                          |  |                                      |  |
| biocide. Tubing on vacuum. Tie onto casing. Pumped 750g 15% NEFE HCL acid down casing. Displaced with 50 bbls 2% KCL with               |  |                          |  |                                      |  |
| biocide. Well on vacuum. Spaced well out. Loaded tubing with 5.5 bbls KCL. Pressure tested to 500 psi, held good for 5 min. Hang        |  |                          |  |                                      |  |
| well on. 2-7/8" J-55 tubing at 199  | 9'.                                    |                          |  |                                      |  |
|   |  |                          | Rainas amas mere   | Metowalina.                          |  |
|   |  |                          |  | NSERVATION. A DISTRICT               |  |
|   |  |                          |  |                                      |  |
|   |  |                          | APR 3  | <b>26</b> 2017                       |  |
|   |  |                          |  |                                      |  |
|   |  |                          | ⊕ FC   | EIVED                                |  |
| Spud Date:  | Rig Rel                                | ease Date:               |  | Programme and the second             |  |
|   |  |                          |  |                                      |  |
|   |  |                          |  |                                      |  |
| I hereby certify that the informatio  | n shove is true and complete t         | a the best of my knowled | Iga and haliaf   |                                      |  |
| i hereby certify that the informatio  | if above is true and complete to       | o the best of my knowled | ige and bener.   |                                      |  |
| , A   | 1 1                                    |                          |  |                                      |  |
| SIGNATURE ( April 24, 2017 TITLE Regulatory Specialist DATE April 24, 2017  |  |                          |  |                                      |  |
|   | THE THE                                |                          | Dirit ipin 27, 201   | <u> </u>                             |  |
| Type or print name Tina H   | uerta E-mail address                   | s: tina huerta@eogres    | ources.com PHONE: 57   | 75-748-4168                          |  |
| For State Use Only  | 2 man dadi vo                          |                          |  |                                      |  |
|   | _                                      | <i></i>                  |  |                                      |  |
| APPROVED BY   | TITLE .                                | STAAT MY                 | DATE <b>4-</b> :   | 26-17                                |  |
| Conditions of Approval (if any):  |  |                          |  |                                      |  |

Submit 1 Copy To Appropriate District