Submit One Copy To Appropriate Distri	ict State of	State of New Mexico			Form C-103	
Office District I	Energy, Minerals and Natural Resources				Revised November 3, 2011	
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.		
<u>District II</u> 811 S. First St., Artesia, NM 88210	OIL CONSED	OIL CONSEDUATION DIVISION			30-015-03575	
District III	2 5 20190 Sout	JAN 25 2020 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa F	Santa Fe. NM 87505			STATE X FEE 6. State Oil & Gas Lease No.	
Santa Fe, NM 87505 Sistrict IV Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS				0. State Off	& Gas Lease No.	
87505				7 7 17		
(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 CONTINENTAL STATE		
1. Type of Well: X Oil Well Gas Well Other				8. Well Number # 5		
2. Name of Operator				9. OGRID Number		
EOG RESOURCES, INC			7377			
3. Address of Operator PO BOX 2267 MIDLAND, TEXAS 79702				10. Pool name or Wildcat		
4. Well Location						
Unit Letter M: 33	O_feet from the SOUTH li	ine and <u>330</u>	_feet from the W	EST line		
Section 10 Township 19S Range 29E NMPM County EDDY						
	11. Elevation (Show w	vhether DR,	RKB, RT, GR, etc.)		
	3362' GL					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF	INTENTION TO:	[SUR	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASIN						
TEMPORARILY ABANDON				ILLING OPNS	. PANDA .	
PULL OR ALTER CASING	☐ MULTIPLE COMPL		CASING/CEMEN	T JOB		
OTHER:			⊠ i sastismis m	du for 00D	inamastica after DOA	
OTHER:						
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.						
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the						
OPED ATOD NAME I PAGE NAME WELL MUMBED ADVANTABED ON A DEPLOY A DEPLOY OF						
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. Trash - Cable - OII Flow Lines to be Removed. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.						
Anchors, dead men, the downs and risers have been cut off at least two feet below ground fevel. 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.) 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.						
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.						
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Y. 1	lila al das f					
SIGNATURE YOU	Maddef	_TITLE: RI	EGULATORY SP	ECIALIST I	DATE 01/24/2019	
TYPE OR PRINT NAME: KA	Y MADDOX E-MAIL:	. bar, madd	ov@ acaron====	com DIIO	TC. 422 606 2650	
For State Use Only	.1 MADDOA E-MAIL:	. <u>Nay_INAQQ</u>	lox@eogresources.	<u>com</u> PHON	TE: _432-686-3658	
1	ENIED		DENI	an a	G C	
APPROVED BY:	Had State Had	_TITLE			DATE 1/31/19	
Conditions of Approval (if any):					— 	