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Submit One Copy To Appropriate District Office JN 0 3 2019 District I LG25 DI Franch The Link and Natural Resources	Form C-103 Revised November 3, 2011			
District II	WELL API NO. 30-015-27191			
Bill S. First St., Artesia, NM 88210 ESIAO.C.D. OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.	5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	STATE   X   FEE     6. State Oil & Gas Lease No.   Image: State Stat			
District IV Salita FC, NIVI 87505 1220 S. St. Francis Dr., Santa Fc, NM 87505	6. State Off & Gas Lease No.			
SUNDRY NOTICES AND REPORTS ON WELLS	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	CONTINENTAL A STATE			
PROPOSALS.) 1. Type of Well: X Oil Well Gas Well Other	8. Well Number #11			
2. Name of Operator EOG RESOURCES, INC	9. OGRID Number			
3. Address of Operator	7377 10. Pool name or Wildcat			
PO BOX 2267 MIDLAND, TEXAS 79702				
4. Well Location				
Unit Letter <u>O</u> : <u>330</u> feet from the SOU <u>TH</u> line and <u>1980</u> feet from the <u>EA</u>	<u>ST</u> line			
Section 10   Township   19S   Range   29E   NMPM   County   EDDY     11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   Elevation   (Show whether DR, RKB, RT, GR, etc.)   11.   [Show whether DR, RKB, RT, GR, etc.)   [Show whether DR, RK				
3366' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other D	ata			
	SEQUENT REPORT OF:			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT				
OTHER: Decation is re	eady for OCD inspection after P&A			
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. 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				
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QU</u>	ARTER/OUARTER LOCATION OR			
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
<u>PERMANENTLY STAMPED ON THE MARKER'S SURFACE.</u>				
The location has been leveled as nearly as possible to original ground contour and has l	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.	and (Dermal and its assume to have a large the			
All metal bolts and other materials have been removed. Portable bases have been removed.)	ved. (Poured onsite concrete bases do not have			
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.				
& Marine				
SIGNATURE Kay Mudder TITLE: REGULATORY SPE	ECIALIST DATE $5/30/2^{0}/9$			
FYPE OR PRINT NAME: KAY MADDOX E-MAIL: <a href="mailto:kay_maddox@eogresources.c">kay_maddox@eogresources.c</a> For State Use Only State Use Only	com PHONE: _432-686-3658			
APPROVED BY: TITLE 5 tat Mg -	DATE 6/4/19			
Conditions of Approval (if any):				

APPROVED BY: Conditions of Approval (if any): 0h

 DATE	6/	'y/1	19
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