| ·   |              |                                      |                                  |                              |
|---|--------------|--------------------------------------|----------------------------------|------------------------------|
| Submit One Copy To Appropriate District RECENED  State of   | New Mexico   |                                      | Form C-103                       |                              |
| District I Energy, Minerals   |              |                                      | Revised November 3, 2011         |                              |
| 1625 N. French Dr., Hobbs, NM 88240 DEC 0:9 2019 District II  |              |                                      | WELL API NO. 30-005-61963        |                              |
| 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION  District III 1000 Rio Brazos Rd., Aztec, NM STRICTI-ARTESIADO. Douth St. Francis Dr.  District IV Santa Fe, NM 87505   |              | 5. Indicate Type of Lease  STATE FEE |                                  |                              |
|   |              | 6. State Oil & G                     |                                  |                              |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |              |                                      | V-4459                           |                              |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |              |                                      | 7. Lease Name of Windmill ATI St | or Unit Agreement Name       |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)   |              |                                      | 8. Well Number                   |                              |
| 1. Type of Well: Oil Well Gas Well Other  |              |                                      | 3                                |                              |
| 2. Name of Operator   |              |                                      | 9. OGRID Number                  |                              |
| EOG Resources, Inc.  3. Address of Operator   |              |                                      | 7377  10. Pool name or Wildcat   |                              |
| 104 South Fourth Street, Artesia, NM 88210  |              |                                      | SWD; Devonian                    |                              |
| 4. Well Location  |              |                                      |                                  |                              |
| Unit Letter M: 660 feet from the South line and 660 feet from the West line   |              |                                      |                                  |                              |
| Section 16 Township 15S Range 28E NMPM Chaves County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |              |                                      |                                  |                              |
| 3873' 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 WORK                        |                                  | ALTERING CASING              |
| TEMPORARILY ABANDON   |              |                                      | <del>-</del>                     |                              |
| POLE OR ALTER CASING   MOLTIPLE COMPL   |              | CASING/CEMENT                        | 10P []                           |                              |
| OTHER:  |              | Location is rea                      |                                  |                              |
| 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  |              |                                      |                                  |                              |
| 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. Burged Pipe Wot Removed  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  |              |                                      |                                  |                              |
| Afficions, dead men, the downs and risers have been cut our 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. Buried Power Lines Not Removed.  All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have                                       |              |                                      |                                  |                              |
| to be removed.)   | ortable base | os nave ocen remov                   | ca. (1 oarea onsite              | o concrete bases do not have |
| All other environmental concerns have been addressed a  | •            |                                      | A11 (1 : 1 1 1                   | 1.0                          |
| 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.  |              |                                      |                                  |                              |
| SIGNATURE CANAL .   |              | Environmental Sup                    |                                  |                              |
| SIGNATURE   | _ 111 LE     | <u>-лупониентат зир</u>              | C1 Y 10U1                        | _ DATE <u>12/9/2019</u>      |
| TYPE OR PRINT NAME: Robert Asher  | E-MAIL: _    | Robert Asher@ec                      | gresources.com                   | PHONE: <u>575-748-4217</u>   |
| For State Use Only  |              | DEMIEI                               |                                  | GC , 1                       |
| APPROVED BY:  | _TITLE       |                                      | <b>9</b><br><b>-</b>             | DATE 12/11/19                |
| Conditions of Approval (if any):  |              |                                      |                                  | t t                          |