Submit One Copy To Appropriate State of Ne	w Mayico			Form C-103	
Office State of the	w Mexico l Natural Resou	irces		Revised November 3, 2011	
State of Ne Office Energy, Minerals and 1625 N. French Dr., Hobbs, NM 1821 18 2020	. Naturai Nesot		WELL API NO.		
811 S. First St., Artesia, NM 88210:	ITON DIVISI	ON	30-015-23399 5. Indicate Type	of Lease	
District II 811 S. First St., Artesia, NM 882 10 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe	. Francis Dr.		STATE [FEE 🛛	
<u>District IV</u>	M 87505		6. State Oil & Ga		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON W	ELLS		7. Lease Name or	Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK T		O A	Jackson Estate BY		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number		
1. Type of Well: Oil Well Gas Well Other			13		
2. Name of Operator EOG Resources, Inc.			9. OGRID Number		
3. Address of Operator			7377 10. Pool name or	Wildcat	
105 South Fourth Street, Artesia, NM 88210		Eagle Creek; San Andres			
4. Well Location]_	· · · · · · · · · · · · · · · · · · ·		
Unit Letter <u>L</u> : 2310 feet from the Sou	th line and	990	feet from the	West line	
Section 22 Township 17S		\	NMPM Edo		
11. Elevation (Show wheth	<i>er DR, RKB, RT</i> 3543' GR	, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Noti		Other Da	ta		
NOTICE OF INTENTION TO:	1	CLIDO	'EQUENT DE	DODT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	1 REMED	SUBS IAL WORK	EQUENT REI	ALTERING CASING	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐	- 1		LING OPNS.	P AND A	
PULL OR ALTER CASING MULTIPLE COMPL] CASING	CEMENT	JOB 🗌		
OTHER. F		-4: :	- d- f 00D :		
OTHER: All pits have been remediated in compliance with OCD rules			dy for OCD inspector's pit permit an		
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					
ODED ATOD NAME I FACE NAME WELL NUMBED ADINUMBED QUADTED/QUADTED LOCATION OD					
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		TKI, III T	VIIIO DEEIV VVI	<u>ELDLD OK</u>	
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 againment. Power lines (Poles have been removed.					
other production equipment. Power lines/Poles have been removed. Anchors, dead men, tie downs and risers have been cut off at	least two feet be	elow groun	d level.	lemove &	
☐ If this is a one-well lease or last remaining well on lease, the	battery and pit l	ocation(s)	nave been remedia	ted in compliance with	
OCD rules and the terms of the Operator's pit permit and closure	plan. All flow li	ines, produ	ction equipment ar	nd junk have been removed	
from lease and well location. Casing cut 3' BGL. All metal bolts and other materials have been removed. Portato be removed.) Casing issue resolved. All other environmental concerns have been addressed as per pipelines and flow lines have been abandoned in accordance	hladage have h	Tan Tamov	AGL ed (Poured onsite	concrete bases	
to be removed.) Casing issue resolved.	to dases have o		ed. (Foured blistle	concrete bases and not have	
All other environmental concerns have been addressed as pe	r OCD rules.	<i>V.</i> 14		2	
Pipelines and flow lines have been abandoned in accordance	with 19.15.35.1	0 NMAC.	All fluids have be	er omog od from non-	
retrieved flow lines and pipelines. No, active pipeline(s) within I	LOG Resources	gas syster	n.	1 944	
If this is a one-well lease or last remaining well on lease: all location, except for utility's distribution infrastructure.	electrical service	e poies and	nnes nave been re	moved from lease and well	
rocation, except for armey 3 distribution infrastructure.					
When all work has been completed, return this form to the approp	riate District off	fice to sche	dule an inspection.		
SIGNATURE COACCE TIT	LE: Environn	nental Sun	ervicor	DATE 2/14/2020	
olonations — III	EL. Elivitolii	nomai Sup	OI 11301	DILLO ZITTIZUZU	
	/IAIL: Robert	Asher@eo	gresources.com	PHONE: <u>575-748-4217</u>	
For State Use Only				GC.	
APPROVED BY:	TLE THE	MILL		DATE 2/26/20	
Conditions of Approval (if any):		<u> , μ</u>			