Submit One Cony To Appropriate District on Appropriate Co. C.	N. N. '			E C 102	
Office Park of the Control of the Co	One Copy To Appropriate VIII State of New Mexico			Form C-103 Revised November 3, 2011	
District I  1625 N. French Dr., Hobbs, NM 88240 1 8 2020  District II  District II		ources [	WELL API NO.		
OII CONSEDUATION DIVI		SION	30-015-23635		
811 S. First St., Artesia, NM 88210  District III  South St. Francis Dr			5. Indicate Type		
District III 1000 Rio Brazos Rd. EMMRQ47OCD ARTES ASouth St. Francis Dr District IV  Santa Fe, NM 87505		j	STATE  6. State Oil & Ga	FEE 🛛	
1220 S. St. Francis Dr., Santa Fe, NM			o. State Off & Ga	is Lease No.	
87505 SUNDRY NOTICES AND REPORTS O	N WELLS		7. Lease Name o	r Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK			Jackson Estate B		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		,	8. Well Number		
1. Type of Well: Oil Well Gas Well Other			15		
2. Name of Operator		9. OGRID Number			
EOG Resources, Inc.  3. Address of Operator			7377 10. Pool name or Wildcat		
105 South Fourth Street, Artesia, NM 88210			Eagle Creek; San Andres		
4. Well Location		<u> </u>	Bugie Greek, Buil	7 Midi Ob	
	South line an	d 2310	_ feet from the	West line	
Section 22 Township	17S Range	$\frac{d}{25E}$	NMPM Ed		
11. Elevation (Show w				ay county	
3542' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO:		SUBS	SEQUENT RE	PORT OF	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON	ı □ REME	DIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐				P AND A	
PULL OR ALTER CASING   MULTIPLE COMPL	CASIN	G/CEMENT	JOB 🔲		
OTHER:		cation is re	ady for OCD insp	ection 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					
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. Power Lines/Poles removed. That I Concrete Not Removed  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 lesse and well leastion. Puried power line removed.					
from lease and well location. Buried power line removed. 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.) Power line Conduct Not	Removed				
to be removed.) Power Line Condaint Wort  All other environmental concerns have been addressed a	s per OCD rules.	T Pos	+ Not Re	moved.	
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. No, active pipeline(s) within EOG Resources gas/water system.  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.	an electrical servi	 	i inies nave been re	inoved from lease and wen	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
SIGNATURE CACO .	TITLE: Enviro	 nmental Sup	ervisor	DATE 2/14/2020	
	•	_			
TYPE OR PRINT NAME: Robert Asher	E-MAIL: Rober	rt Asher@e	gresources.com	PHONE: <u>575-748-4217</u>	
For State Use Only APPROVED BY:		ENIE	-	GC ) /	
APPROVED BY:	TITLE	T		DATE 2/26/20	
Conditions of Approval (if any):					