

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-34097
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (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: Mackenzie 13 Fee
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	RECEIVED SEP 15 2005 OIL CONSERVATION DIVISION	8. Well Number 1H
2. Name of Operator EOG Resources Inc.		9. OGRID Number 7377
3. Address of Operator P.O. Box 2267 Midland, Texas 79702		10. Pool name or Wildcat wildcat
4. Well Location Unit Letter M : 660 feet from the South line and 760 feet from the West line Section 13 Township 16S Range 24E NMPM County Eddy		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3590 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Completion <input checked="" type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/19/05 Ran 192 jts 5 1/2", 17 #, HCP-110 casing set at 8380'.
Cemented w/ 540 sx 50:50 POZ, 11.9 ppg, 2.49 cu.ft./sx lead slurry; 300 sx Class C, 14.5 ppg,
3.98 cu.ft./sx tail slurry. CIRC 62 sx. Release rig.
8/02/05 MIRU completion rig.
8/03/05 Tested 5 1/2" casing to 5000 psi for 30 min. Test good.
8/09/05 Perforate 7699'-8311', 0.48" hole, 48 holes.
8/16/05 Frac w/ 2201 bbls fresh water, 71.7 bbls 15% HCl acid, 14600 # 20/40 prop, 51 tons CO2.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 9/9/05
Type or print name **Stan Wagner** E-mail address: _____ Telephone No. **432 686 3689**

For State Use Only

SEP 21 2005

APPROVED BY _____ FOR RECORDS ONLY TITLE _____ DATE _____

Conditions of Approval, if any: