

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

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

WELL API NO. <b>30-015-35382</b>
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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: <b>Meramec B 4 Fee</b>
2. Name of Operator <b>EOG Resources Inc.</b>	8. Well Number <b>1H</b>
3. Address of Operator <b>P.O. Box 2267 Midland, Texas 79702</b>	9. OGRID Number <b>7377</b>
4. Well Location Unit Letter <b>A</b> : <b>2517</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>East</b> line Section <b>4</b> Township <b>16S</b> Range <b>25E</b> NMPM County <b>Eddy</b>	10. Pool name or Wildcat <b>Cottonwood Creek; Wolfcamp (Gas)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3470' GR</b>	
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 ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: ☐

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.

**4/17/07 Spud**

**Ran 23 jts 8 5/8", 32 #, J-55 casing set @ 954'.**

**Cemented as follows: Option 2 Rule 107G**

- 200 sx Class C, 9.5 ppg, 7.65 yield; 100 sx RFC, 14.6 ppg, 1.34 yield;  
345 sx 35:65 POZ, 12.8 ppg, 1.91 yield; 400 sx Class C, 14.8 ppg, 1.34 yield.**
- Approximate temperature of cement when mixed - 75 deg F**
- Estimated cement strength at time of casing test - 690 psi**

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 NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 4/24/07

Type or print name **Stan Wagner**

E-mail address:

Telephone No. **432 686-3689**

#### For State Use Only

APPROVED BY Accepted for record - NMOCD TITLE \_\_\_\_\_ DATE 4/26/07  
Conditions of Approval, if any:

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10. Pool name or Wildcat <b>Cottonwood Creek; Wolfcamp (Gas)</b>

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3. Address of Operator <b>P.O. Box 2267 Midland, Texas 79702</b>	
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4. Estimated minimum formation temperature in zone of interest - 84.54  
5. Actual time cement in place prior to starting test - 10.25 hrs  
Circulated 300 sx to surface.  
4/18/07 Tested casing to 1000 psi for 30 min. Test good.

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 NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 4/24/07

Type or print name Stan Wagner

E-mail address:

Telephone No. 432 686-3689

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APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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