

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. 30-015-35683
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input 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: Trinity B 28 State Com
2. Name of Operator EOG Resources Inc.	8. Well Number 1H
3. Address of Operator P.O. Box 2267 Midland, Texas 79702	9. OGRID Number 7377
4. Well Location Unit Letter I : 1880 feet from the South line and 660 feet from the East line Section 28 Township 17S Range 24E NMPM County Eddy	10. Pool name or Wildcat Collins Ranch; Wolfcamp (Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3773' 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 ☐ 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.

10/10/07 Spud

Ran 8 5/8", 32 #, J-55 surface casing set @ 1223'.

10/11/07 Cemented as follows: Option 2 Rule 107G

1. 200 sx Class C, 12.0 ppg, 2.34 yield; 100 sx Class H, 14.6 ppg, 1.51 yield;
500 sx 35/65 POZ C, 12.5 ppg, 1.99 yield; 400sx Class C, 14.8 ppg, 1.33 yield.

Circulated 150 sx to surface.

2. Approximate temperature of cement when mixed - 75 deg F

3. Estimated minimum formation temperature in zone of interest - 62.77 deg F

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 10/15/07

E-mail address:

Type or print name Stan Wagner

Telephone No. 432 686 3689

For State Use Only

APPROVED BY Accepted for record - NMOCD TITLE _____ DATE 10/19/07

Conditions of Approval, if any:

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Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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4. Estimated cement strength at time of casing test - 850 psi

5. Actual time cement in place prior to starting test - 14.25 hrs

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 10/15/07

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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