

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

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.)		WELL API NO. 30-015-26591
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG RESOURCES INC		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 2267 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name MEDANO VA STATE
4. Well Location Unit Letter <u>F</u> : <u>2310'</u> feet from the <u>NORTH</u> line and <u>1650'</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3349' GR		9. OGRID Number 7377
10. Pool name or Wildcat LOS MEDANOS; DELAWARE		

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 COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <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"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach well bore diagram of proposed completion or recompletion.

06/25/2019 MIRU, SET 5 1/2" CIBP @ 6500'
 06/26/2019 TAG CIBP @ 6490', PMP 35 SXS CL C CMT, WOC
 06/27/2019 TAG TOC @ 6055', PUH TO 4190', PERF CSG W/4 HOLES, PRESS TO 500 PSI, HELD, RIH TO 4240', SPOT 35 SXS CL C CMT, WOC, TAG TOC @ 3906', PERF SQZ CSG @ 2850' W/191 SXS CL C CMT
 06/28/2019 TAG TOC @ 2005', PUH TO 1008', PMP 182 SXS CL C CMT, WOC, TAG TOC @ 1212', PERF SQZ CSG @ 1210' W/150 SXS CL C CMT
 06/29/2019 TAG TOC @ 570', PERF SQZ CSG @ 568' W/140 SXS CL C CMT, CIRC CMT TO SURFACE VERIFIED CMT

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed.

WELL IS PLUGGED AND ABANDONED

RECEIVED

Spud Date: 01/02/1991 Rig Release Date: 01/19/1991 JUL 11 2019

DISTRICT II-ARTESIA O.C.D.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kay Maddox TITLE Regulatory Analyst DATE 07/09/2019

Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658
For State Use Only

APPROVED BY: [Signature] TITLE State Reg DATE 7/11/19
 Conditions of Approval (if any):