Submit One Copy To Appropriate District State of	Naw Mayica		Earns C 102	
Office State Of State	New Mexico	CAS	Form C-103 Revised November 3, 2011	
Office District 1 1625 N. French Dr., Hobbs, NM 88240 District II District II		1 20 015 00260		
	VATION DIVISIO	5. Indicate Type	oe of Lease	
811 S. First St., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505		STATE	☐ FEE ⊠	
District 19		6. State Oil &	Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			e or Unit Agreement Name	
(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		Greaterana		
PROPOSALS.)		8. Well Number	8. Well Number	
Type of Well: ☑Oil Well ☐ Gas Well ☐ Other Name of Operator			9. OGRID Number	
EOG Resources, Inc.		ŀ	7377	
3. Address of Operator			10. Pool name or Wildcat	
104 South Fourth Street, Artesia, NM 88210		Dayton; San A	Dayton; San Andres, West	
4. Well Location				
Unit Letter <u>B</u> : <u>330</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line				
			Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3362' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Bata				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			ALTERING CASING '	
TEMPORARILY ABANDON ☐ CHANGE PLANS PULL OR ALTER CASING ☐ MULTIPLE COMPL			P AND A	
TOLE ON ALTEN GAOING	_ OAGING/C	CEMENT JOB L		
OTHER:		ion is ready for OCD ins		
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.				
TERMINENTED ON THE MARKEN SOUNTIES.				
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. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
Anchors, dead men, the downs and risers have been cut of this is a one-well lease or last remaining well on lease,			diated 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 lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.) 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.				
If this is a one-well lease or last remaining well on lease:			removed from lease and well	
location, except for utility's distribution infrastructure. CVE When all work has been completed return this form to the ap			on.	
SIGNATURE	TITLE: Environme	ental Supervisor	DATE <u>12/9/2019</u>	
TYPE OR PRINT NAME: Robert Asher	E-MAIL: Robert A	sher@eogresources.com	PHONE: <u>575-748-4217</u>	
For State Use Only	_		GC	
APPROVED BY:	TITLE	MED	DATE_/2/10/19	
APPROVED BY: Conditions of Approval (if any):	TITLE BILL		DATE_/2/10/17	
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