| Submit One Copy To Appropriate District Office State of New Mexico   | Form C-103   |
|--|--|
| and Minimals and Matural Deserved  | Revised November 3, 2011   |
| 1625 N. French Dr., Hobbs, NM 88240  | WELL API NO.   |
| District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III District III  District III  District III  District III  A CONSERVATION DIVISIO | N 30-015-22002   |
| District III \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 5. Indicate Type of Lease  |
| 1000 Rio Brazos Rd., 4200 MA 440 Santa Fe NM 87505   | STATE X FEE  |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM  | 6. State Oil & Gas Lease No.   |
| 87505  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  | 7. Lease Name or Unit Agreement Name   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO  | A STONEWALL EP STATE   |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |  |
| 1. Type of Well: Oil Well  Gas Well  Other   | 8. Well Number #2  |
| 2. Name of Operator  | 9. OGRID Number  |
| EOG RESOURCES, INC   | 7377   |
| 3. Address of Operator   | 10. Pool name or Wildcat   |
| PO BOX 2267 MIDLAND, TEXAS 79702   | PENLON; BONE SPRING, EAST  |
| 4. Well Location   |  |
| Unit Letter N: 200 feet from the SOUTH_line and 1980 feet from the   | WEST line  |
|  |  |
| Section 19 Township 20S Range 28E NMPM County ED   |  |
| 11. Elevation (Show whether DR, RKB, RT, C   | GR, etc.)  |
| 3300° GL   |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or O  | ther Data  |
| NOTICE OF INTENTION TO:  | SUBSEQUENT REPORT OF:  |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIA   |  |
|  | CE DRILLING OPNS. P AND A  |
| _  | CEMENT JOB   |
| LOCE OLYMPIALE COMPLETE COMPLETE CASING/C  |  |
| OTHER:   | on is ready for OCD inspection after P&A   |
| All pits have been remediated in compliance with OCD rules and the terms of t  | he Operator's pit permit and closure plan  |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have   | e been properly abandoned  |
| A steel marker at least 4" in diameter and at least 4' above ground level has been   | en set in concrete. It shows the   |
|  |  |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBI  | ER, QUARTER/QUARTER LOCATION OR  |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFOR   | MATION HAS BEEN WELDED OR  |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE.    J-// INFORMATION MUST BE   Word  | LANNOT USE A PLATE,  |
| - WELL INFORMATION MUST BE W   | elded on side of DHM   |
| The location has been leveled as nearly as possible to original ground contour a   | and has been cleared of all junk, trash, flow lines and  |
| other production equipment. Risers Not Removed.  Anchors, dead men, tie downs and risers have been cut off at least two feet below   | 1, , , , , ,   |
| Anchors, dead men, the downs and risers have been cut off at least two feet belo   | ow ground level. (RASH   |
| If this is a one-well lease or last remaining well on lease, the battery and pit loc OCD rules and the terms of the Operator's pit permit and closure plan. All flow line                  | ation(s) have been remediated in compliance with   |
| from lease and well location.  | rs, production equipment and junk have been removed  |
| All metal bolts and other materials have been removed. Portable bases have been  | en removed (Poured ansite concrete bases do not have   |
| to be removed.)  | control of the cont |
| 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: all electrical service p  | oles and lines have been removed from lease and well   |
| location, except for utility's distribution infrastructure.  |  |
| When all work has been completed, return this form to the appropriate District office  | e to schedule an inspection.   |
| NEED TO SAVE WELL PAD FOR TRUCK TURNAROUND FOR EXISTING PRODUCTION   |  |
| SIGNATURE SIM MODELLATO  | DV CDCCIALICT DATE 02/20/2020  |
| SIGNATORE TILE. REGULATO   | RY SPECIALIST DATE 02/20/2020  |
| TYPE OR PRINT NAME: KAY MADDOX E-MAIL: kay maddox@eogres   | ources.com PHONE: 432-686-3658   |
|  | _  |
|  |  |
| APPROVED BY: TITLE   | DENIED DATE 3/2/20   |
| Conditions of Approval (if any):   |  |