Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.
District II	OIL CONSERVATION	N DIVISION	30-015-30493
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE 😿 FEE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
CUMPRY NOTICE	C AND DEPORTS ON WE	10	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICA			
PROPOSALS.)			STW 25 State Com
1. Type of Well:			8. Well Number
Oil Well X Gas Well Other			1
2. Name of Operator			9. OGRID Number
EOG Resources Inc.			7377
3. Address of Operator			10. Pool name or Wildcat
P.O. Box 2267 Midland, Texas 79702			Sand Dunes (Pennsylvanian, Upper)
4. Well Location			
Unit Letter E : : 1	.980 feet from the No	th line and	660 feet from the West line
		mio una	icot nom the not
Section 25		Range 29E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3458' CR			
Pit or Below-grade Tank Application or Closure			
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			☐ ALTERING CASING ☐
TENEDINE WORK	T LOCI / III / III / III / III / III	TIEWEDIAE WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	
DULL OR ALTER CASING	MULTIPLE	CARING TEST AND	ABANDONMENT
PULL OR ALTER CASING L	MULTIPLE L	CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	
13 Describe proposed or completed of	operations (Clearly state all per	tinent details, and give	e pertinent dates, including estimated date
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.			
<b>K</b>			
8. Cut and pull 4 1/2" cas	<del>-</del>		
9. Spot 15 sx plug from 24			
10. Spot 15 sx plug from 33			<del></del> .
11. Spot 15 sx surface plug	from 0' to 100'.		
12. Cut off wellhead, weld	on P&A marker. Clean and	restore location.	Notify OCD 24 hrs. prior
Pump 9.5 ppg mud betwee	m all plugs.		
			To any work done.
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 thinstructed or closed according to NMOCD guidelines, a general permitor an (attached) alternative OCD-approved plan			
SIGNATURE The Way	TIT	E. Regulator	ry Analyst DATE 5/10/07
//	,	nail address:	DAIL
Type or print name Stan Wagner	D-11	4441 000.	Telephone No. 432-686-3689
For State Use Only			
APPROVED BY	TIT	LE	DATE
Conditions of Approval, if any:			