

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

S

WELL API NO. 30-015-35709
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Lobo State
8. Well Number 1
9. OGRID Number 7377
10. Pool name or Wildcat Wildcat; Bone Spring

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	OCT 24 2007
2. Name of Operator EOG Resources Inc.	OCD-ARTESIA
3. Address of Operator P.O. Box 2267 Midland, Texas 79702	
4. Well Location Unit Letter H : 1650 feet from the North line and 330 feet from the East line Section 11 Township 18S Range 29E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3516' 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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"/>

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.

10/18/07 Ran 75 jts 8 5/8", 32 #, J-55 casing set @ 3228'.

Cemented as follows, Option 2 Rule 107G:

- 740 sx POZ C, 11.8 ppg, 2.45 yield; 250 sx Prem C, 14.8 ppg, 1.35 yield.
Circulated 200 sx cement to surface. WOC 11.5 hrs.
- Approximate temperature of cement when mixed - 75 deg F
- Estimated minimum formation temperature in zone of interest - 107.28 deg F
- Estimated cement strength at time of casing test - 725 psi
- Actual time cement in place prior to starting test - 11.5 hrs.

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 10/22/07

Type or print name Stan Wagner

E-mail address:

Telephone No. 432 686 3689

For State Use Only

Accepted for record - NMOCD

APPROVED BY _____ TITLE _____ DATE 10/25/07

Conditions of Approval, if any:

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10/19/07 Tested casing to 2000 psi for 30 min. Test good.

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SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 10/22/07

Type or print name **Stan Wagner**

E-mail address:

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