

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

WELL API NO. <b>30-015-35884</b>
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: <b>Yellowstone 23 State Com</b>
8. Well Number <b>2H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>Four Mile Draw; Wolfcamp</b>

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: <b>Yellowstone 23 State Com</b>
2. Name of Operator <b>EOG Resources Inc.</b>	8. Well Number <b>2H</b>
3. Address of Operator <b>P.O. Box 2267 Midland, Texas 79702</b>	9. OGRID Number <b>7377</b>
4. Well Location Unit Letter <b>I</b> : <b>1880</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>East</b> line Section <b>23</b> Township <b>18S</b> Range <b>21E</b> NMPM County <b>Eddy</b>	10. Pool name or Wildcat <b>Four Mile Draw; Wolfcamp</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4131 GR</b>	
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:

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 COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" 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.

1/08/08 Pumped 100 sx Class C. RIH and tag cement at 494'.  
Pumped 100 sx Class C. RIH and tag cement at 337'.  
Pumped 50 sx Thixotropic & 75 sx Class C. RIH and tag cement at 85'.  
Pumped 75 sx Class C. Circulated 43 sx to surface. Total time WOC, 28.5 hrs.  
1/09/08 Tested casing to 1000 psi for 30 min. Test good.

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 1/10/08  
Type or print name Stan Wagner E-mail address: \_\_\_\_\_ Telephone No. 432-686-3689

For State Use Only

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval, if any: \_\_\_\_\_  
Accepted for record - NMOCD 1/16/08