Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
Office District I	I		,	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.		
District II 1301 W. Grand Avc., Artesia, NM 88210	DISTRICT II 1301 W. Grand Are - Aztesia, NM 88210 OIL CONSERVATION DIVISION		30-015-35611	
District III 1220 South St. Francis Dr.		5. Indicate Type of Lea		
1000 Rio Brazos Rd., Aziec, NM 87410 South Es. NIM 97505		STATE	FEE X	
District IV	Samar	, INIVI 67303	6 State Oil & Gas Lea	se No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
		PEN OR PLUG BACK TO A	7. Lease Name or Unit	Agreement Name
PROPOSALS)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SEINE B 6 FEE	
1. Type of Well: Oil Well 🔲 - G	as Well X Other		8. Well Number 1H	
Name of Operator EOG Resources, Inc.		MAR 28 2008	9 OGRID Number 7	377
3. Address of Operator		OPD AGTESIA	10. Pool name or V	1
P.O. Box 2267 Midland, Texa	s 79702	ocd-artesia	COTTONWOOD CRE	EK; WC West Gas
4. Well Location				-
Unit Letter; II, 2910 feet fro	m the South line and 25	5 feet from the East line		
Section 6	Township 16S		IMPM County	D.J.J.
				Eddy
	3521*	nether DR, RKB, RT, GR, etc		
Pit type: Ground Depth to Groundwater: 10		fresh water well: >1000' Distanc	e from nearest surface water:	> 1,000°
Pit Liner Thickness: 12 mil Below-Gr	ade Tank: Volume 10,300	bbls; Construction Material : Sy	nthetic	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON			
	CHANGE PLANS	,	,	RING CASING
		COMMENCE DR		DA LI
PULL OR ALTER CASING [_]	MULTIPLE COMPI.	CASING/CEMEN	1 10B	
OTION				
OTHER: EXTEND APD FOR 2 AD		X OTHER		
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.				
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EOG Resources, Inc. (EOG) respectfully requests approval to extend the APD. Expires on 5/16/2008.				
I hereby certify that the information ab	ove is true and complet	e to the best of my knowledge	re and belief I further earli	by that any nit or balow
grade tank has been/will be constructed or ch	sed according to NMOCD	guidelines X, a general permit	or an (attached) alternative Of	D-approved plan .
SIGNATURE DM J. 1	vvi .	TITLE: <u>Sr. Lease Operations</u>	Representative	DATE: 3/28/2008
Туре or print name: Donny G. Glanton	n E-mail address:	donny glanton@eogresoure	es.com Telephone No.	(432) 686-3642
For State Use Only	1	1 .	A / / *	A 1 /
For State Use Only APPROVED BELLINGUE Conditions of Approval (if any):	y M. Wils	on Complia	uco Aficara	E 3-28-08
Conditions of Approyal (if any):	// ·	/		
			V	