TITLE

DATE _

Accepted for record - NMOCD

For State Use Only APPROVED BY

Conditions of Approval, if any:

Form C-103

Form C-103 State of New Mexico Submit 3 Copies To Appropriate District May 27, 2004 Office Energy, Minerals and Natural Resources District I WELL API NO. 1625 N French Dr, Hobbs, NM 87240 30-005-63858 District II OIL CONSERVATION DIVISION 1301 W Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE \square FEE x Santa Fe, NM 87505 1000 Rio Brazos Rd, Aztec, NM 87410 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr , Santa Fe, NM 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH Hasburg A 35 Fee PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well X Other 9. OGRID Number 2. Name of Operator 7377 EOG Resources Inc. 10. Pool name or Wildcat 3. Address of Operator Wildcat; Wolfcamp (Gas) P.O. Box 2267 Midland, Texas 79702 4. Well Location Unit Letter 760 feet from the ___ North ___ line and ___ 153 feet from the_ line Section Township 15S Range 24E County Chaves Service Service 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538' GR 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: Below-Grade Tank: Volume_ _bbls; Construction Material . 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON 🔲 REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. 🔽 PLUG AND TEMPORARILY ABANDON **ABANDONMENT** \mathbf{x} CASING TEST AND **MULTIPLE** PULL OR ALTER CASING COMPLETION CEMENT JOB OTHER: 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. 7/03/08 4. Estimated cement strength at time of casing test - 840 psi 5. Actual time cement in place prior to starting test - 14 hrs Circulated 50 sx to surface. Tested casing to 1500 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines ______, a general permit _____or an (attached) alternative OCD-approved plan _____ TITLE_ Regulatory Analyst ____ DATE __ SIGNATURE. E-mail address: Type or print name Stan Wagner Telephone No. 432-686-3689 For State Use Only

TITLE____

DATE ___

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