Submit 3 Copies To Appropriate District State of New IVI Office Energy Minerals and Nati	1.00
Office Energy, Minerals and Natu District I 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATIO	
District III 1220 South St. Fra	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 8 District IV	,
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10)	OR PLUG BACK TO A
PROPOSALS.)	Elk Wallow 11 State
1. Type of Well: Oil Well	8. Well Number 4H
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, TX 79702 Pierce Crossing; Bone Spring, East 4. Well Location	
Unit Letter P: 470' feet from the So	uth line and 430' feet from the East line
Section 11 Township 255	Range 29E NMPM County Eddy
11. Elevation (Show whether	
3132' GR	
12. Check Appropriate Box to Indicate	Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. 🗷 P, AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB X	
DOWNHOLE COMMINGLE	
OTHER	
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.	
5/15/11 Spud 17-1/2" hole.	
5/16/11 Ran 17 jts 13-3/8", 54.5#, J55 STC casing set at 725'. Cemented w/ 635 sx Class C, 14.8 ppg, 1.34 yield. RECEIVED	
Circulated 105 ar generate to grafing 1900 22 hour	
Tested casing to 1500 psi for 30 minutes.	• • • • • • • • • • • • • • • • • • • •
5/17/11 Resumed drilling 12-1/4" hole. NMOCD ARTESIA	
Spud Date: 5/15/11 Rig Relea	ase Date:
Ng Notease Bate.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Stan Way III	LE Regulatory Analyst DATE 5/20/11
Type or print name Stan Wagner E-mail address: PHONE 432-686-3689	
For State Use Only	Field Supervisor
APPROVED BY DATE 5-31-11	
Conditions of Approval (if any):	