

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-36568
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG Resources Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 2267 Midland, Texas 79702		7. Lease Name or Unit Agreement Name: Mayfly 14 State
4. Well Location Unit Letter K : 1650 feet from the South line and 1650 feet from the West line Section 14 Township 16S Range 35E NMPM County Lea		8. Well No. 10
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3980 GR		9. Pool name or Wildcat Shoe Bar; Strawn, Northwest

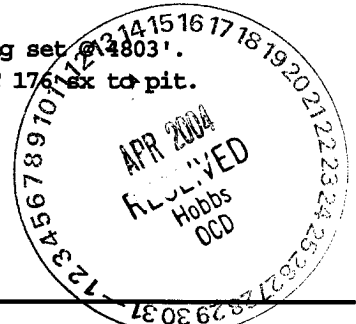
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input 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"/>

12. 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 recompilation.

3/19/04 Spud well.
Ran 11 jts 42#, H-40, 11 3/4" surface casing set @ 479'.
Cemented w/ 100 sx Premium Plus lead, 150 sx Premium Plus tail. CIRC 40 sx to pit.

3/28/04 Ran 18 jts 32#, HCK-55, & 90 jts 32#, J-55, 8 5/8" intermediate casing set @ 4803'.
Cemented w/ 1600 sx Interfill C lead, 230 sx Premium Plus tail. CIRC 176 sx to pit.

3/29/04 Rested casing to 2500 psi. OK.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 4/12/04

Type or print name Stan Wagner Telephone No. 432 686 3689

(This space for State use)

APPROVED BY Larry Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 20 2004
Conditions of approval, if any