

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

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025-36264
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: Giant Stone Fly
8. Well No. 1
9. Pool name or Wildcat Shoe Bar; Morrow, North (Gas)
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3974 GR

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 Gas Well Other

2. Name of Operator
EOG Resources Inc.

3. Address of Operator
P.O. Box 2267 Midland, Texas 79702

4. Well Location
 Unit Letter **E** ; **2264** feet from the **North** line and **1018** feet from the **West** line
 Section **1** Township **16S** Range **35E** NMPM County **Lea**

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3974 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input 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.

5/7/03 Spud well. Ran 11 jts. 42#, H-40, 11 3/4" surface casing set @ 483'.
 Cemented w/ 90 sx Class C lead, 215 sx Class C tail. CIRC 35 sx to pit.
 5/8/03 Tested casing to 1000 psi. OK. WOC 24 hrs.



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 5/16/03

Type or print name Stan Wagner Telephone No. 915 686 3689

(This space for State use)
 APPROVED BY Gay W. Wink TITLE REPRESENTATIVE II/STAFF MANAGER DATE MAY 22 2003
 Conditions of approval, if any: OC FIELD REPRESENTATIVE