State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-36278 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE FEE 😠 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, 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 PROPOSALS.) Yellow Fin 23 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 8. Well No. EOG Resources Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 2267 Midland, Texas 79702 Townsend; Morrow, (Gas) 4. Well Location 1980 Unit Letter feet from the North line and 1980 feet from the line Township Range **16**S **NMPM** County Loa 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3971 GR 11. 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 CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** PULL OR ALTER CASING \mathbf{x} MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: 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. 5/16/03 Spud Ran 12 jts. 11 3/4", 42#, H-40 surface casing set @ 496' Cemented w/ 100 sx Class C lead, 215 sx Class C tail. CTRC 29 sx. 5/25/03 Ran 20 jts. 8 5/8", 32#, HCK-55 & 90 jts., 32#, J-55 intermediate casing set @ Cemented w/ 1235 sx Class C lead, 250 sx Class c tail. CIRC 325 sx. 5/26/03 Tested casing to 2150 psi. OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. TITLE Regulatory Analyst DATE_ Type or print name Stan Wagner Telephone No. 915 686 3689

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APPROVED BY Have W. Wink Conditions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGES

TITLE DATE JUN 02 2003