State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-36264 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE  $\square$ 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.) Giant Stone Flv 1. Type of Well: Gas Well Oil Well Other 2. Name of Operator 8. Well No. EOG Resources Inc. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 2267 Midland, Texas 79702 Shoe Bar; Morrow, North (Gas) 4. Well Location 2264 Unit Letter feet from the North line and 1018 feet from the line Section Township **16**S Range **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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING MULTIPLE** CASING TEST AND  $\mathbf{x}$ 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. 5/25/03 Ran 17 jts. 32#, HCK-55 & 90 jts. 32#, J-55, 8 5/8" intermediate casing set @ 4770'. Cemented w/ 1100 sx 50:50 POZ C lead, 250 sx Class C tail. CIRC 110 sx to reserve/pr 5/26/03 5/27/03 Tested casing to 2400 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.

APPROVED BY Laure Win Conditions of approval, if any

Type or print name Stan Wagner

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE JUN 0 5 2003

Telephone No.