Office Submit 3 Copies To Appropriate District	Energy, Minerals a	nd Natur				May 27	
District 1 1625 N. French Dr., Hobbs, NM 87240	Linergy, willicials a	na matul	ar recourses	WELL A			, 2004
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-36668 5. Indicate Type of Lease			
District III	1220 South St. Francis Dr.						
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fo	e, NM 87	7505		ATE X	FEE	
1220 S. St. Francis Dr., Santa Fe, NM 87	505			6. State	Oil & Gas Lea	ise No.	
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.)				7. Lease Name or Unit Agreement Name: Alma 33 State			
1. Type of Well: Oil Well Gas Well	Other Dry Hole	.		8. Well h	Number 1		
. Name of Operator EOG Resources Inc.				I	Number '3 7 7		
3. Address of Operator					name or Wild	lcat	
P.O. Box 2267 Midland,	Texas 79702			Alton R	anch; Morro	w, Northeast	(Gas
4. Well Location							
Unit Letter F :	1707 feet from the	Nor	th line and	1625	_ feet from th	e West	line
Section 33	Township		Range 35E	NMPM	C	County Le	a
The same of the sa	11. Elevation (Show		DR, RKB, RT, GR, 6 7' GR	etc.)			
Pit or Below-grade Tank Application	or Closure						
Pit type Depth to Groundwa	ter Distance from n	earest fresh	water well D	istance from n	earest surface w	ater	
Pit Liner Thickness: 1	nil Below-Grade Tank	: Volume_	bbls; Construct	ion Material .			
EMPORARILY ABANDON [PULL OR ALTER CASING [Pu	CHANGE PLANS MULTIPLE COMPLETION		COMMENCE DRILLI CASING TEST AND CEMENT JOB			PLUG AND BANDONMENT	. С
OTHER:			OTHER: Extension	on Request			[3
13. Describe proposed or completion of starting any proposed wor or recompletion.			tinent details, and gi	ve pertinent	dates, includii		e
EOG Resources requests in discussions with ou	——·	_			mpliance. 1	We are curren	tly
							3 ·
						AR ZOUR	an n
hereby certify that the information rade tank has been/will be constructed	n above is true and comple or closed according to NMOCI	te to the D guidelines	best of my knowledg	ge and belief t or an (att	. I further certi ached) alternati	fy that any pi t or t ve OCD-approved	elow- plan
IGNATURE then Way	m	TITI		ory Analys	t DA	TÊ 3/22/	05
ype or print name Stan Wagner	*	E-m	ail address:		Telephon	e No. 432 686	3689
Cor State Use Only	1,100-	OC FIEL	D PERMEA				
APPROVED BY	u.www.	TIT	D REPRESENTATIV	E H/STAFF	MANAGER	MAR 3 0 20	105_
Conditions of Approval, if any				- 44 &	WATER OFF		