

Submit 1 Copy To Appropriate District  
Office  
District I - (575) 393-6161  
1625 N French Dr, Hobbs, NM 88240  
District II - (575) 748-1283  
811 S First St, Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd, Aztec, NM 87401  
District IV - (505) 476-3460  
1220 S St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-32915
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name East Corbin Delaware Unit
8. Well Number 9
9. OGRID Number 7377
10. Pool name or Wildcat West Corbin Delaware

**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 Injection ☐

2. Name of Operator  
EOG Resources, Inc.

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

4. Well Location  
Unit Letter H: 1340 feet from the N line and 990 feet from the E line  
Section 21 Township 18S Range 33E NMPM Lea County

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Pull well, search for problem, make repairs. Re-run MIT

Per Underground Injection Control Program Manual  
11.6 C Packer shall be set within or less than 100  
feet of the uppermost injection perfs or open hole.

Condition of Approval: Notify OCD Hobbs  
office 24 hours prior to running MIT Test & Chart

SUBJECT TO LIKE  
APPROVAL BY BLM

Spud Date:

Rig Release Date:

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

SIGNATURE Renee Jarratt TITLE Environmental Rep DATE 07/08/2011

Type or print name Renee Jarratt E-mail address: renee\_jarratt@eogresources.com PHONE: 432-686-3684

For State Use Only

APPROVED BY: Maley Brown TITLE Compliance Officer DATE 7/21/2011  
Conditions of Approval (if any)