

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-025-37251
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: Austin Power 28 State Com
8. Well Number 1
9. OGRID Number 7377
10. Pool name or Wildcat Ranger Lake, Lower Miss Lime, South

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: Austin Power 28 State Com
2. Name of Operator EOG Resources Inc.	8. Well Number 1
3. Address of Operator P.O. Box 2267 Midland, Texas 79702	9. OGRID Number 7377
4. Well Location Unit Letter C : 700 feet from the North line and 1400 feet from the West line Section 28 Township 13S Range 35E NMPM County Lea	10. Pool name or Wildcat Ranger Lake, Lower Miss Lime, South
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4067 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/18/05 Spud @ 8:00 AM

Ran 10 jts 11 3/4", 42 #, H-40 surface casing set @ 435'.

Cemented w/ 150 sx Prem Plus, 11.4 ppg, 2.91 cu.ft./sx lead slurry, 200 sx Prem Plus, 14.8 ppg, 1.35 cu.ft/sx tail slurry. CIRC 140 sx to pit.

Tested casing to 1000 psi for 30 min. Test good.

7/27/05 Ran 102 jts 8 5/8", 32 #, HCK-55 & J-55 intermediate casing set @ 4491'.

Cemented w/ 1080 sx Interfill C, 11.9 ppg, 2.45 cu.ft./sx lead slurry, 240 sx Prem Plus tail slurry. Did not circulate cement. Ran temp survey, TOC @ 92'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 7/29/05

Type or print name Stan Wagner

E-mail address:

Telephone No. 432 686 3689

For State Use Only

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE AUG 08 2005
Conditions of Approval, if any:

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7/28/05 Tested casing to 2000 psi for 30 min. Test good.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 7/29/05

Type or print name Stan Wagner

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