Submit 3 Copies To Appropriate District Office	State of New Me	Form C-103				
District1	Energy, Minerals and Natural Resources			June 19, 2008 WELL API NO.		
625 N. French Dr., Hobbs, NM 87240 District II. COMPANISSER VATION DIVISION			30-025-30949			
District II 1301 W. Grand Ave., Artesia, NM 882 CONSERVATION DIVISION District III			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec. NM 87410 Santa Fe, NM 87505			STATE D	O FEE 🗆]	
District LV. 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas	s Lease No.		
87505 HOBSCO						
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: East Corbin Delaware Unit			
1. Type of Well:			8. Well Number			
Oil Well Gas Well Other Water Injection			3			
2. Name of Operator			9. OGRID Number			
EOG Resources, Inc.			7377			
3. Address of Operator			10. Pool name or Wildcat			
P.O. Box 2267 Midland, TX 79702 4. Well Location			Corbin: Delaware. West			
	660 6 6 4 50	ıth ı	1000 c c	. Cont		
Unit Letter0 :	660 feet from the Sou	line and	1980 feet fro	om the Edst	tline	
Section . 16		Range 33E	NMPM	County	Lea	
	11. Elevation (Show whether		tc.)		·	
		55' GR				
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other	Data		
NOTICE OF INTENTION TO: SUE			SSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK				ALTERING (CASING [
TEMPORARILY ABANDON			INC ORNS	P AND A		
				FANDA		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT.	JOB []			
DOWNHOLE COMMINGLE L						
	_					
OTHER:	· <u></u>	OTHER:				
 Describe proposed or completed of starting any proposed work). or recompletion. 	d operations. (Clearly state all pe SEE RULE 1103. For Multiple					
Casing pressure has been	encountered on our east Co	rbin Delaware Uni	t #3. The well h	has been shut	-in.	
	p and pull the well to det					
as soon as it can be sche	duled. An MIT test will b	e scheduled with	OCD before return	ning to injec	tion.	
			•		•	
Spud Date:	Rig Relea	ase Date:				
						
I hereby certify that the information	above is true and complete to the	e best of my knowled	ge and belief.			
SIGNATURE Stun 2	TIT	rie Regulato	ory Analyst	_ DATE	5/6/13	
SIGNATURE	111	LL 1999 MA	21 / 11101 / 30	- DATE	77 07 10	
Type or print name Stan Wagner	E-m	nail address:	···	_ PHONE <u>432</u> -	-686-3689	
For State Use Only		/				
5/ / -			map	54000	9 200	
APPROVED BY	The state of the s	TLE SET.	19	DATE <u> </u>	1-00	
Conditions of Approval (if any):	/		A M	Y 20 20	13	
/ (115	AI SO A VO	. 0	