

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

HOBBS OCD
JUL 26 2013
RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 June 19, 2008

WELL API NO. 30-025-30683 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: West Corbin Federal ✓
8. Well Number 16 ✓
9. OGRID Number 7377 ✓
10. Pool name or Wildcat Corbin; Bone Spring, 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 Gas Well Other **SWD**

2. Name of Operator
 EOG Resources, Inc.

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

4. Well Location
 Unit Letter 0 : 800 feet from the South line and 1980 feet from the East line
 Section 7 Township 18S Range 33E NMPM County Lea

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

EOG Resources will rig up 7/26/2013 to repair a possible tubing/packer leak.

During this procedure we plan to use the closed-loop system with a steel tank and haul to the required disposal, per OCD Rule 19.15.17

Verbal notice given to BLM.
 * FEDERAL WELL*

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 Stan Wagner TITLE Regulatory Analyst DATE 7/26/13
 Type or print name Stan Wagner E-mail address: _____ PHONE 432-686-3689

For State Use Only
 APPROVED BY Mark White TITLE Compliance Officer DATE 7-26-2013

CONDITION OF APPROVAL: OPERATOR SHALL GIVE THE OCD DISTRICT OFFICE 24 HOURS NOTICE BEFORE WORK BEGINS

CONDITION OF APPROVAL: NOTIFY OCD DISTRICT OFFICE 24 HOURS PRIOR TO RUNNING M I T TEST & CHART

JUL 29 2013