

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 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
 Revised July 18, 2013

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

WELL API NO. 30-025-40585
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: Black Bear 36 State
8. Well Number 5
9. OGRID Number 7377
10. Pool name or Wildcat SWD; 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 **SWD**

2. Name of Operator
EOG Resources, Inc.

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

4. Well Location
 Unit Letter **H** : **1420** feet from the **North** line and **1320** feet from the **East** line
 Section **36** Township **25S** Range **33E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3318' GR

HOBBS OCD
SEP 29 2014
RECEIVED

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT test	<input checked="" 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.

8/8/14 Perform MIT test to 540 psi for 30 minutes. Test good.
Test ran at operator's discretion. OCD witnessed, chart attached.
Returned to injection.

Spud Date: **6/26/12** Rig Release Date: **7/10/12**

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

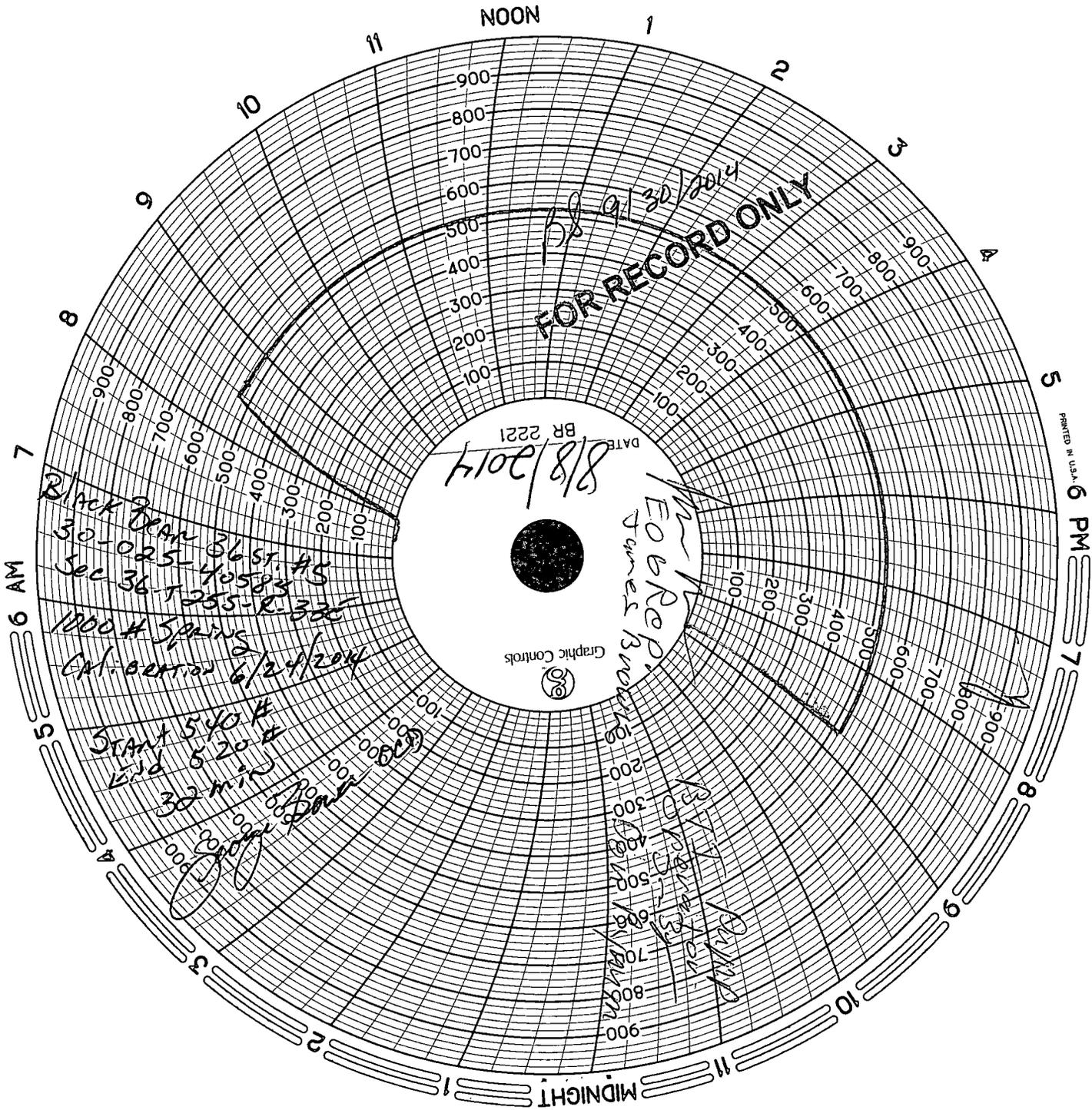
SIGNATURE *Stan Wagner* TITLE Regulatory Analyst DATE 09/23/14
 Type or print name Stan Wagner E-mail address: _____ PHONE 432-686-3689

For State Use Only
 APPROVED BY *Bill Senamah* TITLE Staff Manager DATE 9/30/2014

Conditions of Approval (if any):

FOR RECORD ONLY

OCT 01 2014



FOR RECORD ONLY

DATE 8/8/2014
BR 2221

Graphic Controls

FOUR REP. James Rowles

REPT. 8/13/2014
DIPND

Black Bear
30-025-40583
Sec 36 T-255-R-330
1000 H Springs
CAL. carrier 6/24/2014

START 5:40 #
END 6:20 #
30 min

PRINTED IN U.S.A.