are OUD	
Submit I Copy To Appropriate Dim BBS State of New Mexico Office District I = (575) 393-6161 State of New Mexico William State of New Mexico	Form C-103
Submit 1 Copy To Appropriate District I = (575) 393-6161 1625 N. French Dr., Hobbs, NM 8824000 District II = (575) 748-1283 811 S. First St., Artesia, NM 88210 State of New Mexico 2 Fluid By, Minerals and Natural Resources 1 Company of the Mexico 2 Fluid By, Minerals and Natural Resources 1 Company of the Mexico 2 Fluid By, Minerals and Natural Resources 1 Company of the Mexico 2 Fluid By, Minerals and Natural Resources 3 Fluid By, Minerals and Natural Resources 4 Fluid By, Minerals and Natur	Revised July 18, 2013 WELL API NO.
811 S. First St., Artesia, NM 88210	30-025-40958 5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr.	STATE FEE
District II – (575) 393-6161 1625 N. French Dr., Hobbs, NM 8824000 District III – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Condor 32 State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 1H
2. Name of Operator EOG Resources, Inc.	9. OGRID Number 7377
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702	Red Hills: Upper BS Shale
4. Well Location Unit Letter D 160 feet from the North line and 280 feet from the line	
Section 32 Township 25S Range 34E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc., 3323' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	LLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	
OTHER: APD Extension X OTHER:	
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.	
EOG Resources requests that the approved APD for this well be extended for 2 years.	
The permit is currently set to expire 1/31/2015.	
APD expires 1/31/2016 Soud Date: Rig Release Date:	
Spud Date: Rig Release Date:	٠٠
	3.6
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Regulatory Analysis	DATE11/11/14
Type or print name Stan Wagner E-maileaddress:	PHONE: 432-686-3689
For State Use Only	THORE
APPROVED BY: TITLE Petroleum Engineer DATE 12/01/14	
Conditions of Approval (fany):	