| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 Revised July 18, 2013 |
|---|---|---------------------------------------|--|
| <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | WELL API NO. |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-025-41745 5. Indicate Type of Lease |
| <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE FEE |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| 87505 | | | VB-1637 |
| SUNDRY NO (DO NOT USE THIS FORM FOR PROP | FICES AND REPORTS ON VIOLENTS ON VIOLENTS ON VIOLENTS OF THE SERVICE AND REPORTS ON VIOLENTS OF THE SERVICE AND REPORTS OF | | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPL PROPOSALS.) | ICATION FOR PERMIT" (FORM C | , , , , , , , , , , , , , , , , , , , | Toucan BUY State |
| 1. Type of Well: Oil Well | Gas Well Other | HOBBS OCD | 8. Well Number 1H |
| 2. Name of Operator EOG Resources, Inc. | | AUG 1 0 2015 | 9. OGRID Number 7377 |
| 3. Address of Operator | | Aud = 0 | 10. Pool name or Wildcat |
| P.O. Box 2267 Midla | and, IX 79702 | RECEIVED | San Simon; Bone Spring, Northeast |
| Unit Letter D | : 200 feet from the | orth line and 660 |) West feet from the line |
| Section 27 | | Range 35E | NMPM County Lea |
| | 11. Elevation (Show wheth 3585' GR | ner DR, RKB, RT, GR, etc., | |
| | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF I | NTENTION TO: | SUB | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | - | REMEDIAL WOR | _ |
| TEMPORARILY ABANDON PULL OR ALTER CASING | _ | COMMENCE DRI CASING/CEMEN | |
| DOWNHOLE COMMINGLE | | _ onentereziment | . 005 |
| CLOSED-LOOP SYSTEM OTHER: |] | OTHER: 5' new | hole |
| 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. | | | |
| | | | |
| | | | |
| 08/06/15 Made 5' new hole. TD 160'. Hole size 11". | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | ı |
| Spud Date: 03/27/14 | Rig Rele | ease Date: | |
| 00/2/// | | ase suce. | |
| | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNATURE (QAAAA) | TITLE Regulatory Analysi | | DATE 08/07/15 |
| Renee' lar | ratt | | 132,686,3681 |
| Type or print name For State Use Only | E-mail | address: | PHONE: 432-686-3684 |
| | d for Record Omly | | |
| APPROVED BY: Conditions of Approval (if any): | - 101 Necora Gally | | DATE |