(DO NOT USE THIS FORM FOR PROPO	Gas Well  Other	DIVISION ncis Dr. 7505  JG BACK TO A DR SUCLED	Form C-103 Revised July 18, 2013  WELL API NO. 30-025-41886  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No. VB-1697  7. Lease Name or Unit Agreement Name Pixley BUX State  8. Well Number 1H  9. OGRID Number
EOG Resources, Inc.	AUB	1 2 2015	7377
3. Address of Operator P.O. Box 2267 Midla	nd. TX 79702		10. Pool name or Wildcat Vacuum; Bone Spring
4. Well Location		RECEIVED	
Unit Letter:	200 feet from the South	line and	feet from theline
Section 26	Township 18S Ra 11. Elevation (Show whether DR,	inge 35E	NMPM County Lea
	3870' GR	. <i>RRD</i> , RT, GR, etc.)	<i>'</i>
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   P AND A CASING/CEMENT JOB   DOWNHOLE COMMINGLE   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.			
Spud Date: 06/26/14	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE (OME)	AANATT TITLE Reg	ulatory Analyst	t <sub>DATE</sub> 08/10/15
Type or print name Renee' Jarr	bd+t	s:	432-686-3684
For State Use Only			
APPROVED BY: Accepted	for Record CUILE		DATE

Conditions of Approval (if any):