Submit 1 Copy To Appropriate District Office	State of Ne		Form C-103	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	Revised July 18, 2013
District II – (\$75) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-42444 5. Indicate Type of Lea	ase /
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE	FEE 🗌
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, P	NIVI 87303	6. State Oil & Gas Leas VB-1827	se No.
87505 SUNDRY NC	7. Lease Name or Unit	Agreement Name		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESERVOIR. USE "APP	Boysenberry BV2	Z State /		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 1H	
2. Name of Operator EOG Resources, Inc				
3. Address of Operator		Constant and Learning Common	7377 10. Pool name or Wildo	
P.O. Box 2267 Midl	and, TX 79702	RECEIVED	Pearl; Bone Sprin	g, South
Unit LetterD	200 feet from the	lorth line and	760feet from the	West
Section 2	Tomanip 200	Range 35E	NMPM Cou	nty Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3685' 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 CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				
OTHER:		OTHER: 5' new		×
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.				
08/21/15 - Made 5' new hole. TD @ 45'. Hole size 20".				
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Spud Date: 03/30/15	Rig Rele	ase Date:		
		L		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Description Analysts 00/04/45				
SIGNATURE CAMALT TITLE Regulatory Analyst		DATE	08/24/15	
Type or print name Renee' Jarratt E-mail address:		PHONE:	432-686-3684	
For State Use Only Accepted	fo: Record Only			
APPROVED BY:TITLE				
Conditions of Approval (if any):				