Submit 1 Copy To Appropriate District Office	State of New Me		Form C	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Revised July 18, 2013 WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-41458 5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Na	ıme
(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			Tour BUS State Com /	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		SEP 0 8 2015	8. Well Number 1H	
2. Name of Operator EOG Resources, Inc.	,	SI.	9. OGRID Number 7377	
3. Address of Operator		RECEIVED	10. Pool name or Wildcat	
P.O. Box 2267 Midland, TX 79702			Ojo Chiseo; Bone Spring	
4. Well Location Unit Letter N :2	200 feet from the South	line and	0 West feet from the	line
Section 23	Township 22S Ra	inge 34E	NMPM County Lea	
	11. Elevation <i>(Show whether DR</i> 3,684' (, RKB, RT, GR, etc.) SR	P 3	٠.
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORI TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				} ∐ □
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		Land
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM OTHER:	П	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.				
09/01/15 - Made 5' new hole. TD @ 185'. Hole size 11".				
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			•	+
Spud Date: 11/1/13	Rig Release Da	ite:		
Spud Date. 11/1/13	Kig Kelease Da			
			11.17.6	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE ()	ANAU TITLE Reg	DATE 09/02/15		
Renee' Jarratt		132-686-3	 8684	
Type or print name For State Use Only	E-mail address	S:	PHONE:	
Accept	ed for Record Only		D A TE	
APPROVED BY: Conditions of Approval (if any):	IIILE -		DATE	