Submit 1 Copy To Appropriate District Office	State of New 1		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Revised July 18, 2013 WELL API NO. 30-025-39802
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. F		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-7699
SUNDRY NO	TICES AND REPORTS ON WEL	LS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPI	OSALS TO DRILL OR TO DEEPEN OR LICATION FOR PERMIT" (FORM C-101) FOR SUCH	Andele BQE State /
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	CEP 2 1 2015	8. Well Number 1H
2. Name of Operator EOG Resources, Inc	;. /	(4 Car	9. OGRID Number 7377
3. Address of Operator		RECEIVED	10. Pool name or Wildcat
P.O. Box 2267 Midla	and, TX 79702		Red Hills; Bone Spring
4. Well Location P 200 South 200 East Unit Letter : feet from the			
Section 16	Township 25S	Range 34E	NMPM County Lea
	11. Elevation <i>(Show whether)</i> 3352'	OR, RKB, RT, GR, etc.) 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 WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON [PULL OR ALTER CASING [] CHANGE PLANS ☐] MULTIPLE COMPL ☐	COMMENCE DRI	
DOWNHOLE COMMINGLE		0,10,110,102,112,11	
CLOSED-LOOP SYSTEM COTHER:]	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.			
09/17/15 - Made 5' new h	ole. TD @ 455'. Hole size 11".		
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Spud Date: 1/31/11	Rig Release	Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE (DAL 0 0)	NATURE (DALO O XUM OTT) TITLE Regulatory Analys		DATE. 09/18/15
Panae' lar	ratt		432-686-3684
Type or print name	E-mail add	ress:	PHONE: 402 000 0004
Accepte			DATE
APPROVED BY: Conditions of Approval (if any):	TITLE		DATE