Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-025-41458  5. Indicate Type of Lease  STATE ■ FEE □	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410				
<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 SUNDRY NOTICES AND REPORTS ON WELLS			VB-1519	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name Tour BUS State Com		
DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) F	OR SUCH HOBBS OCD		
1. Type of Well: Oil Well	Gas Well  Other	HODDO GOS	8. Well Number 1H	
2. Name of Operator EOG Resources, Inc	. /	SEP 2 5 2015	9. OGRID Number 7377	
3. Address of Operator		172.11	10. Pool name or Wildcat	
P.O. Box 2267 Midla	ind, TX 79702	RECEIVED	Ojo Chiseo; Bone Spring	
4. Well Location Unit Letter	200 feet from the South	line and	feet from the West	ine
Section 23		inic and ange 34E	NMPM County Lea	
	11. Elevation (Show whether DR	RKB, RT, GR, etc.)		
	3,684' (	<i>3</i> K		1.2° 8:
12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or Other Data	
NOTICE OF II	NTENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	·	REMEDIAL WOR	K ALTERING CASING	
TEMPORARILY ABANDON	│ CHANGE PLANS ☐ │ MULTIPLE COMPL ☐	COMMENCE DRI	<del>==</del>	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	· · · · · · · · · · · · · · · · · · ·	CASING/CEMENT	1 JOB	
CLOSED-LOOP SYSTEM		El nous	hala	
OTHER:  13. Describe proposed or com	pleted operations. (Clearly state all	OTHER: 5' new	I give pertinent dates, including estimated	i date
	ork). SEE RULE 19.15.7.14 NMA		npletions: Attach wellbore diagram of	
09/19/15 - Made 5' new ho	ole. TD @ 190'. Hole size 11".			
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i				
				#
Spud Date: 11/1/13	Rig Release Da	ate:		
Spud Date.				
		. <u></u> _		
I hereby certify that the information	above is true and complete to the b	est of my knowledge	e and belief.	
SIGNATURE Come (Marketta) TITLE Regulatory Analyst		DATE 09/20/15		
Type or print name Renee' Jary	att E-mail addres	s:	PHONE: 432-686-36	384
For State Use Only				
APPROVED BY: Accepted	for Record Only		DATE	

Conditions of Approval (if any):