Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-41702
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-1638
SUNDRY NO	TICES AND REPORTS ON WELL	S	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGIBACKETO A) CD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Cable BVL State
1. Type of Well: Oil Well	Gas Well Other	SEP & E 2015	8. Well Number 1H
2. Name of Operator EOG Resources, Inc		OF1' 8 6 -	9. OGRID Number 7377
3. Address of Operator RECEIVEL		10. Pool name or Wildcat	
P.O. Box 2267 Midla	and, TX 79702	KECELAFF	Rock Lake; Bone Spring
4. Well Location	200	000	NA 1
Unit Letter M	: 200 feet from the South	line and	feet from the line
Section 22	Township 22S R	ange 35E	NMPM County Lea
	11. Elevation (Show whether DI		
7.	3,559'	GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORL TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			
PULL OR ALTER CASING	_	CASING/CEMENT	-
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM]	F1	_
OTHER:	alatad an austiona (Claudiu stata all	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.			
09/19/15 - Made 5' new hole. TD @ 190'. Hole size 11"			
Spud Date: 03/28/14	Rig Release D	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE CHULLY	anatt TITLE Regulatory Analyst		_{DATE} 09/20/15
Renee' Jar	e' Javratt		432-686-3684
Type or print name	E-mail address:		PHONE: 432-686-3684
For State Use Only			
APPROVED BY: Accepted for Record Only Conditions of Approval (if any):			DATE