

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-37529</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: <b>Silverheels 11 State Com</b>
2. Name of Operator <b>EOG Resources Inc.</b>	8. Well Number <b>1</b>
3. Address of Operator <b>P.O. Box 2267 Midland, Texas 79702</b>	9. OGRID Number <b>7377</b>
4. Well Location Unit Letter <b>N</b> : <b>695</b> feet from the <b>South</b> line and <b>1470</b> feet from the <b>West</b> line Section <b>11</b> Township <b>12S</b> Range <b>35E</b> NMPM County <b>Lea</b>	10. Pool name or Wildcat <b>Wildcat Mississippian (Gas)</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4077</b>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/28/06 TD @ 14150'.  
1/29/06 Decision to P&A. Notified NMOCD for P&A procedure.  
Spot plug 1, 25 sx Class H @ 14150'.  
1/30/06 Spot plug 2, 40 sx Class H from 12046' to 11946'.  
Spot plug 3, 50 sx Class H from 9510' to 9410'.  
Spot plug 4, 60 sx Class H from 7275' to 7175'.  
Spot plug 5, 60 sx Class H from 4532' to 4428'.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 3/22/06

Type or print name Stan Wagner

E-mail address:

Telephone No. 432 686 3689

For State Use Only

APPROVED BY Larry W. Wink

Conditions of Approval, if any:

DATE MAR 21 2006  
OCD FIELD REPRESENTATIVE II/STAFF MANAGER

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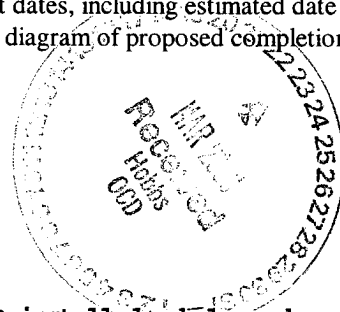
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1/30/06 WOC 2 hrs.  
Tag cement @ 4428'.  
Spot plug 6, 30 sx Class H from 2190' to 2090'.  
Spot plug 7, 60 sx Class H from 540' to 420'.  
WOC 2 hrs.  
Tag cement @ 420'.  
Spot plug 8, 18 sx Class C from 90' to surface. Cut off wellhead & install dry hole marker.  
1/31/06 Released rig @ 5:00 AM.



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SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 3/22/06

Type or print name **Stan Wagner**

E-mail address:

Telephone No. **432 686 3689**

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APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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