| Submit One Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|--|--|------------------|--|
| District I | Energy, Minerals and Natural Resources | | Revised November 3, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. |
| District II 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-025-34724 5. Indicate Type of Lease |
| District III | 1220 South St. Francis Dr. | | STATE FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | V-4397 |
| 87505 | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name or Unit Agreement Name Jackson 10 State Com |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | Jackson 10 State Com |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other OBBS OCD / | | 8. Well Number 3 | |
| 1. Type of Well: Oil Well Ga | is well Other | | V |
| 2. Name of Operator EOG Resources, Inc. | JUL 19 | 2016 | 9. OGRID Number 7377 |
| 3. Address of Operator | JOL 10 2010 | | 10. Pool name or Wildcat |
| 5509 Champions Dr, Midland, TX 797 | | | Johnson Ranch - Wolfcamp (645) |
| 4. Well Location | RECEIVED | | Volimboli Halleli Wolfcamp (013) |
| | | | |
| Unit Letter <u>M</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line | | | |
| Section <u>10</u> Township <u>24S</u> Range <u>33E</u> NMPM County Lea | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 3613' 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 WORK | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | |
| | | | |
| /Pm | | | |
| OTHER: C Location is ready for OCD inspection after P&A | | | |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. | | | |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. | | | |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR | | | |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR | | | |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE. | | | |
| | | | |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and | | | |
| other production equipment. | | | |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. | | | |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with | | | |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed | | | |
| from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have | | | |
| to be removed.) | | | |
| All other environmental concerns have been addressed as per OCD rules. | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- | | | |
| retrieved flow lines and pipelines. | | | |
| If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well | | | |
| location, except for utility's distribution infrastructure. | | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | |
| | | | |
| SIGNATURE Sw/C | TITLE | Environmental | RepDATE7/14/2016 |
| TYPE OF DEINT NAME ZODE KUTT E MAIL TODE LOUT COORDERATES AND DUONE. 422 (96 2667 | | | |
| TYPE OR PRINT NAME Zane Kurtz E-MAIL: | | | |
| | | | |
| APPROVED BY Mahlehitah TITLE P.E.S, DATE 7/21/2016 | | | |
| Conditions of Approval (if any): | | 1.1.2 | |

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