Submit 1 Copy To Appropriate District BS South State of New Mexico Office District II – (575) 393-6161 1625 N. French Dr., Hobbs, NM-86240 I 7 2017 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 District III – (505) 334-6178 District III – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Form C-103 Revised July 18, 2013 WELL API NO. 30-025-41658 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. V-8239
SUNDRY NOTICES AND REPORTS ON WELLS (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.)	7. Lease Name or Unit Agreement Name September Grass BSG State Com
1. Type of Well: Oil Well Gas Well Other	8. Well Number #2H
2. Name of Operator	9. OGRID Number
EOG Y Resources, Inc, 3. Address of Operator	25575 10. Pool name or Wildcat
104 S 4 th St, Artesia, NM 88210	Berry; Bone Spring, North
4. Well Location	
Unit Letter L : 2625 feet from the South line and 760 feet from the West line	
Section 5 Township 21S Range 34E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3722	
5122	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE COMMENCE DRILLING OPNS. PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE OTHER: OTHER: OTHER: 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. EOG Y Resources, Inc. Wishes to extend the APD for 1 year to February 14 th 2018 COMMENCE ENTIFIERMENT MUMAT SUMANIT NEW APD Mumatic Sumanitation Mumatic Sumanitation Mumatic Sumanitation Fig Release Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief
SIGNATURE this line TITLE Tech Land DATE 1/12/2017	
Type or print name Christopher Gurule E-mail address: Christopher Gurule@gmail.com PHONE: 575-748-4224 For State Use Only E-mail address: Christopher Gurule@gmail.com PHONE: 575-748-4224	
APPROVED BY: TITLE	DATE
Conditions of Approval (if any):	
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