Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 8824 OBBS District II – (575) 748-1283								Form C-103				
								Revised July 18, 2013 WELL API NO.				
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 FEB 0 8 2017 1220 South St. Francis Dr.								30-025-42477 5. Indicate Type of Lease				
							3.	STATE STEE STATE				
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NMRECEIVED 87505								6. State Oil & Gas Lease No. VB-1881				
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								7. Lease Name or Unit Agreement Name Calabash BWC State				
PROPOSALS.)								8. Well Number 1H				
Type of Well: Oil Well								9. OGRID Number				
EOG Y Resources, Inc.								025575				
3. Address of Operator105 South Fourth Street, Artesia, NM 88210								10. Pool name or Wildcat Wildcat; Bone Spring				
4. Well Location												
Unit Let		200		_	North		660		feet from the	West	line	
Unit Let		230		_	South		660		feet from the	West	line	
Section 31 Township 21S Range 34E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)												
3,589' 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 ALTERING CASING A												
TEMPORARILY ABANDON												
DOWNHOLE COMMINGLE												
	OOP SYSTEM			_	,	OTUED.	F!		l-			
OTHER: OTHER: 5' new hole 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.												
2/3/17 - Made 5' new hole. TD 180'. Hole size 9".												
Note: 30" cul	vert with locking	ring insta	lled on 10/2/1:	5.								
	7/1	/15										
Spud Date:	//1	/13		Rig Rele	ase Da	te:						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.												
	0	T.										
SIGNATURE	Taxure h	latt	<u> </u>	TITLE A	ssistant	Regulatory Le	ad		DATE _Feb	oruary 6, 20	17	
Type or print name Laura Watts E-mail address: laura watts@eogresources.com PHONE: 575-748-4272												
For State Use		a watts	E-m				sources.	com	PHONE:	575-748-42	.12	
	- VI alo	M.M.X	Mar. William	cepted f	or Re	OIT			DATE	1/0/7	017	
Conditions of Approval (if any):												
		U										