Submit 1 Copy To Appropriate District State of New Mexico			Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO. 30-025-42460	
811 S. First St., Artesia, NM 88210       HOBDE CONSERVATION DIVISION         District III – (505) 334-6178       1220 South St. Francis Dr.		5. Indicate Type of Lease STATE STATE -		
$\frac{1000 \text{ Rio Brazos Rd., Aztec, NM 8/410}}{\frac{\text{District IV}}{1220 \text{ S. St. Francis Dr., Santa Fe, NM}} MAR 2 2 208 \text{ anta Fe, NM 87505}$			6. State Oil & Gas Lease No. VB-2066	
SUNDRY NOTICE 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 Nectarine BSQ State Com	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 2H 9. OGRID Number	
<ul> <li>2. Name of Operator</li> <li>EOG Y Resources, Inc.</li> <li>3. Address of Operator</li> <li>104 South Fourth Street, Artesia, NM 88210</li> </ul>			025575 10. Pool name or Wildcat Berry; Bone Spring, North	
4. Well Location				
Unit Letter <u>L</u> :	2440feet from theSouth330feet from theNorth	h line and	760feet from the760feet from the	West line line
Section24Section13	Township 21S Ra	nge <u>33E</u> nge <u>33E</u>	NMPM Lea NMPM Lea	County County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,784' GR				
NOTICE OF II PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or com	CHANGE PLANS	SUB REMEDIAL WORI COMMENCE DRI CASING/CEMENT OTHER: pertinent details, and	SEQUENT REPOR K ALTI LLING OPNS. P AN T JOB 5' new hole 1 give pertinent dates, ind	RT OF: ERING CASING ND A
3/17/17 – Made 5' new hole. TD 7 Note: 30" culvert with locking lid	5'. Hole size 20".			
Spud Date: 6/30/1	6 Rig Release Da	ate:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Jour Watts TITLE Assistant Regulatory Lead DATE March 20, 2017				
Type or print name Laura V For State Use Only		-		575-748-4272
APPROVED BY: Conditions of Approval (if any):	Accepted for Recon	d Only	DATE	
	yrousion	2/27/20	17	