

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

HOBS OCD  
 JUL 10 2018  
 RECEIVED

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

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. <b>30-025-42460</b>
2. Name of Operator <b>EOG Y Resources Inc.</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>104 South Fourth St. Artesia, NM 88210</b>		6. State Oil & Gas Lease No. <b>VB-2066</b>
4. Well Location Unit Letter <u>L</u> : <u>2440</u> feet from the <u>South</u> line and <u>760</u> feet from the <u>West</u> line Section <u>24</u> Township <u>21S</u> Range <u>33E</u> NMPM County <u>Lea</u>		7. Lease Name or Unit Agreement Name <b>Nectarine BSQ State Com</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3784' GR</b>		8. Well Number <b>2H</b>
		9. OGRID Number <b>025575</b>
		10. Pool name or Wildcat <b>Berry; Bone Spring, North</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INT</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: _____		<b>INT TO PA</b> <b>P&amp;A NR <u>Am</u></b> <b>P&amp;A R _____</b>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

~~5/21/18~~ - Notify OCD of move in, pump 260 sxs to surface.

Well is PAD

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.  
 Restoration Due By 06-21-2019

Spud Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Chris Romero* TITLE Key Maddox Agent 7/9/2018 DATE 6/28/18 432-686-3658

Type or print name Chris Romero E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: *Neah Whitaker* TITLE P.E.S. DATE 07/11/2018

Conditions of Approval (if any):