

HOBBS OCD
JUL 10 2018
RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-42477
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-1881
7. Lease Name or Unit Agreement Name Calabash BWC State
8. Well Number 1H
9. OGRID Number 025575
10. Pool name or Wildcat Wildcat; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3589' GR

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 Gas Well Other

2. Name of Operator
EOG Y Resources Inc.

3. Address of Operator
104 South Fourth St. Artesia, NM 88210

4. Well Location
Unit Letter **D** : **200** feet from the **North** line and **660** feet from the **West** line
Section **31** Township **21S** Range **34E** NMPM County **Lea**

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

NOTICE OF INTENTION TO PERFORM REMEDIAL WORK

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

INT TO PA
P&A NR PM
P&A R _____

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
- COMMENCE DRILLING OPNS. P AND A
- CASING/CEMENT JOB
- 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 or recompletion.

~~2018~~ Notify OCD of move in, pump 350 sxs to surface.

Well is P&A'd

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 06-20-2018

Spud Date:

[Empty box for 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 Kay Maddox Agent DATE 7/9/2018 432-686-3658

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

For State Use Only

APPROVED BY: M. White TITLE P.E.S. DATE 07/11/2018

Conditions of Approval (if any):