

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

Form C-103
Revised July 18, 2013

NOTES FEB 07 2019 RECEIVED		WELL API NO. 30-025-40579
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name POMEGRANATE BRP STATE		8. Well Number 1H
9. OGRID Number 7377		10. Pool name or Wildcat WC025 G07 S203536M; BONE SPRING
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SPUDDER WELL		
2. Name of Operator EOG RESOURCES INC		
3. Address of Operator PO BOX 2267 MIDLAND, TX 79702		
4. Well Location Unit Letter M : 160 feet from the SOUTH line and 660 feet from the WEST line Section 36 Township 20S Range 35E NMPM County LEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3670' GR		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	<input checked="" type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>			PNR
CLOSED-LOOP SYSTEM <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

02/04/2019 MIRU, TAG RED BED @133', FILLED 20" CSG W/160 SXS CL C CMT, WOC, VERIFIED CMT

WELL IS PLUGGED AND ABANDONED

Spud Date:

08/31/2012

Rig Release Date:

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

SIGNATURE Kay Maddox TITLE Regulatory Analyst DATE 02/05/2019

Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658

For State Use Only

APPROVED BY: Kerry Forth TITLE Compliance Officer A DATE 2-7-19
Conditions of Approval (if any):