

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 88201  
 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

**HOBBS**  
**FEB 15 2019**  
**RECEIVED**  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO.	30-025-42205
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	TRUSS BVT STATE
8. Well Number	1H
9. OGRID Number	7377
10. Pool name or Wildcat	ROCK LAKE; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3536' 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 **SPUDDER WELL**

2. Name of Operator  
**EOG RESOURCES INC**

3. Address of Operator  
**PO BOX 2267 MIDLAND, TX 79702**

4. Well Location  
 Unit Letter **O** : **200** feet from the **SOUTH** line and **1980** feet from the **EAST** line  
 Section **29** Township **22S** Range **35E** NMPM County **LEA**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <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.

02/12/2019 MIRU, PMP 470 SXS CL C CMT FROM 100' TO SURFACE, WOC, TOPPED OFF WITH 35 SXS CL C CEMENT, VERIFIED CEMENT

THIS WELL IS PLUGGED AND ABANDONED

Spud Date: 10/30/2014 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 02/13/2019

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

APPROVED BY: Kerry Fortner TITLE Compliance Officer DATE 2-18-19

Conditions of Approval (if any)