

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
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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.)		WELL API NO. 30-025-30622
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG RESOURCES INC		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 2267 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name EAST CORBIN DELAWARE UNIT
4. Well Location Unit Letter <u>M</u> : <u>548'</u> feet from the <u>SOUTH</u> line and <u>760'</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>18S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3851' GR		9. OGRID Number 7377
10. Pool name or Wildcat CORBIN; DELAWARE, WEST		

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 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"/>		OTHER: <input type="checkbox"/>	
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.

EOG PLUGGED THIS WELL USING THE ATTACHED PROCEDURE.

- 06/21/2019 MIRU, PULLED TBG
- 06/25/2019 RDMO
- 09/04/2019 MIRU, RIH, SET CIBP @ 5122', TAG @ 5122', SPOT 25 SXS CL C CMT ON TOP OF CIBP, CTC @ 4869', PUH TO 2953', PMP 25 SXS CL C CMT
- 09/05/2019 TAG TOC @ 2693', PUH TO 1520', PMP 25 SXS CL C CMT, CTC @ 1267', PERF SQZ @ 405' W/100 SXS CL C CMT, CIRC TO SURFACE
- 09/06/2019 TOPPED OF W/5 SXS CL C CMT, VERIFIED CEMENT

THIS WELL IS PLUGGED AND ABANDONED

Approved for Plugging of well bore 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.

Spud Date: 06/10/1989

Rig Release: _____ Restoration Due by: 9-6-20

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

SIGNATURE Kay Maddox TITLE Regulatory Analyst DATE 09/30/2019

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

APPROVED BY: Kerry Forth TITLE C. O. A DATE 10-10-19

Conditions of Approval (if any):