

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO.

30-015-34476

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

San Saba A 12 Fee

8. Well Number

1H

9. OGRID Number

7377

10. Pool name or Wildcat

Cottonwood Creek; Wolfcamp, West

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 Resources Inc.

3. Address of Operator

P.O. Box 2267 Midland, Texas 79702

4. Well Location

Unit Letter A : 760 feet from the North line and 660 feet from the East line

Section 12 Township 16S Range 24E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3543 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/28/06 Spud @ 11:00 PM

9/29/06 Ran 20 jts 8 5/8", 32#, J-55 casing set @ 913'.

Cemented as follows: Option 2 Rule 107G

1. 600 sx 35/65 POZ C, 12.75 ppg, 1.91 yield; 370 sx Class C, 14.8 ppg, 1.32 yield.

Did not circulate. Ran temperature survey and found TOC @ 100'. Pumped 250 sx Class C Neat through 1" pipe to surface.

2. Approximate temperature of cement when mixed - 75 deg F

3. Estimated minimum formation temperature in zone of interest - 84.13 deg F

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 10/2/06

E-mail address:

Type or print name Stan Wagner

Telephone No. 432 686 3689

For State Use Only

APPROVED BY Jim W. Green TITLE \_\_\_\_\_ DATE 10/5/06

Conditions of Approval, if any:

District II Supervisor

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1220 South St. Francis Dr.  
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WELL API NO. <b>30-015-34476</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <b>San Saba A 12 Fee</b>
8. Well Number <b>1H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>Cottonwood Creek; Wolfcamp, West</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3543 GR</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

**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 checked="" type="checkbox"/> Other _____
2. Name of Operator <b>EOG Resources Inc.</b>
3. Address of Operator <b>P.O. Box 2267 Midland, Texas 79702</b>
4. Well Location Unit Letter <b>A</b> : <b>760</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>East</b> line Section <b>12</b> Township <b>16S</b> Range <b>24E</b> NMPM County <b>Eddy</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3543 GR</b>

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 checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4. Estimated cement strength at time of casing test - 720 psi  
5. Actual time cement in place prior to starting test - 11 hrs.

Tested casing to 1000 psi for 30 min. Test good.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 10/2/06

Type or print name Stan Wagner

E-mail address:

Telephone No. 432 686 3689

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APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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