

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. <b>30-025-31168</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name: <b>EAST CORBIN DELAWARE UNIT</b>
2. Name of Operator <b>EOG RESOURCES INC.</b>	8. Well Number <b>4</b>
3. Address of Operator <b>P.O. BOX 2267, MIDLAND, TEXAS 79702</b>	9. OGRID Number <b>7377</b>
4. Well Location Unit Letter <b>O</b> : <b>660</b> feet from the <b>SOUTH</b> line and <b>460</b> feet from the <b>EAST</b> line Section <b>16</b> Township <b>18S</b> Range <b>33E</b> NMPM County <b>LEA</b>	10. Pool name or Wildcat <b>WEST CORBIN DELAWARE</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3866' GR</b>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/> Pit type <b>STEEL</b> 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give estimated dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/05/07: SET CIBP @ 5150'; MIX & PUMP A 25 SX. OMT. PLUG ON TOP OF CIBP @ 5150'; CIRC. WELL W/ PXA MID.  
SET CIBP @ 3075'; MIX & PUMP A 25 SX. OMT. PLUG ON TOP OF CIBP @ 3075'.  
04/09/07: SET CIBP @ 1590'; MIX & PUMP A 25 SX. OMT. PLUG ON TOP OF CIBP @ 1590'.  
PERF. SQZ. HOLES @ 560'; MIX & SQZ. A 100 SX. OMT. PLUG @ 560'; WOC & TAG TOP OF PLUG @ 360'.  
04/10/07: MIX & PUMP A 25 SX. OMT. PLUG @ 100'-3'; CUT OFF WELLHEAD 3' B.G.L. & WELD ON DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED ON 04/10/07.

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 David A. Eyer TITLE AGENT DATE 04/12/07

Type or print name **DAVID A. EYER**

E-mail address:

**DEYLER@MILAGRO-RES.COM**

Telephone No. **(432) 687-3033**

For State Use Only

APPROVED BY Harry W. Wink TITLE FIELD REPRESENTATIVE / STAFF MANAGER DATE APR 18 2007  
Conditions of Approval, if any \_\_\_\_\_