State of New Mexico Submit 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-36374 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE x 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Yellow Fin 23 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 8. Well No. EOG Resources Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 2267 Midland, Texas 79702 Townsend; Morrow 4. Well Location Unit Letter __ 948 feet from the South line and East feet from the line Section Township 23 **16**S Range 35E **NMPM** County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3959 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING CASING TEST AND MULTIPLE \mathbf{x} COMPLETION **CEMENT JOB** OTHER: OTHER: 12. 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 recompilation. 9/9/03 Spud well Ran 11 jts 11 3/4", 42# H-40, surfcae casing set @ 493. Cemented w/ 100 sx Premium Plus lead, 150 sx Premium Plus tail. CIRC 35 sx to surface. 9/10/03 Tested casing to 1000 psi. Tested OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE_ TITLE Regulatory Analyst DATE_ 9/12/03 Type or print name Stan Wagner Telephone No. 432 686 3689

APPROVED BY Way!

Conditions of approval, if any!

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGESEP 2 3 2003