

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. 30-025-30949
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: East Corbin Delaware Unit
8. Well Number 3
9. OGRID Number 7377
10. Pool name or Wildcat West Corbin Delaware
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3865 GR
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 DEEREN 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 type="checkbox"/>	2. Name of Operator EOG Resources Inc.	3. Address of Operator P.O. Box 2267 Midland, Texas 79702	4. Well Location Unit Letter O : 660 feet from the South line and 1980 feet from the East line Section 16 Township 18S Range 33E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3865 GR			
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 _____			

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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: convert to injection <input checked="" 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.

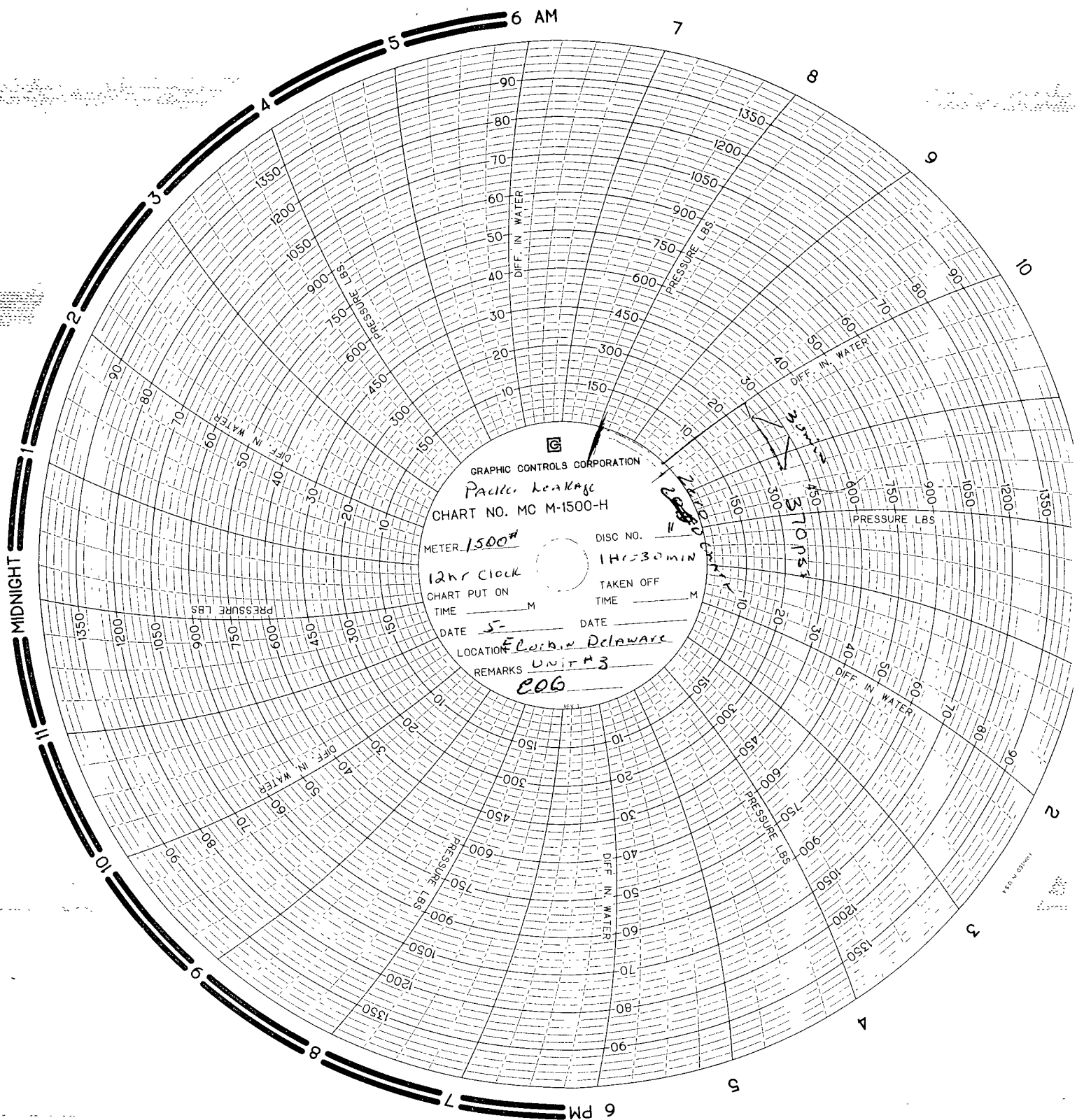
4/28/07 MIRU to convert to injection
4/30/07 RIH w/ mill tooth bit & drill collars. Tagged cement @ 4948'. Trip out of hole.
Prepare to run CBL and temperature survey to verify cement top.
5/01/07 Pumped hot water down 5 1/2' X 8 5/8" annulus. RIH with temperature tool, found TOC @ +/- 750'.
Ran CBL from surface to 1040'. Ran CBL to PBTD @ 4950'. Top of good cement @ 760'.
5/02/07 Discussed cementing options w/ Mr. Gary Wink - NMOCD. Received verbal permission to bullhead
cement down 5 1/2" X 8 5/8" annulus.
5/03/07 RIH & tagged cement @ 4948'. Drilled out cement and CIBP. Circulate hole clean.

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 7/16/07
Type or print name Stan Wagner E-mail address: _____ Telephone No. 432-686-3689

For State Use Only

APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 18 2007
Conditions of Approval, if any: _____



GRAPHIC CONTROLS CORPORATION

Packer Leakage

CHART NO. MC M-1500-H

METER 1500H

DISC NO.

12hr Clock

1 Hr = 30 min

CHART PUT ON

TAKEN OFF

TIME M

TIME M

DATE 5-5-55

DATE

LOCATION E. Corbin Delaware

REMARKS UNIT #3
206