Submit 3 Copies To Appropriate District	State of New			Form C-103
Office District I	Energy, Minerals and N	latural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	
District II	OIL CONSERVAT		30-025-31380	
1301 W. Grand Ave , Artesia, NM 88210 District III	1220 South St.	Francis Dr.	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, Ni	M 87505	STATE x	FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease	No.
(DO NOT USE THIS FORM FOR PROPO	ES AND REPORTS ON V	EN OR PLUG BACK TO A	7. Lease Name or Unit A	greement Name:
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	ATION FOR PERMIT" (FORM (C-101) FOR SUCH	Percha 15 State	
1. Type of Well: Oil Well X Gas Well	Other		8. Well Number	
2. Name of Operator		0 5 0000	9. OGRID Number	
EOG Resources Inc.	(JAN 2 5 2008	7377	
3. Address of Operator			10. Pool name or Wildca	†
P.O. Box 2267 Midland, Texa	as 79702	RRS ()CL	Corbin; Bone Spring,	
4. Well Location	15 17102		s, colour, both opining	
Unit Letter :	feet from the	South line and	1830 feet from the_	West line
Section 15	Township 18S	Range 33E	NMPM Cou	inty Lea
Parint distance of the state of	11. Elevation (Show whet	her DR, RKB, RT, GR, e 3875' GR	tc.)	
Pit or Below-grade Tank Application	or Closure	- 5073 GK	WELL STREET STREET	S. S
Pit type Depth to Groundwater _		fresh water well Di	istance from nearest surface wate	ar .
•			ion Material	
Pit Liner Thickness: mil	Below-Grade Talk. Vol.	unicobis, construct	ion Material	
NOTICE OF INTE	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ABA	JG AND X ANDONMENT
PULL OR ALTER CASING L	MULTIPLE L COMPLETION	CASING TEST AND CEMENT JOB) [_]	
OTHER:		OTHER:		
13. Describe proposed or completed of starting any proposed work). or recompletion.				
			·	DK
The Percha 15 State No. 2	Y was plugged 1/16/06.	•		. Deleg
EOG Resources requests th				WIN
Look @ Me	ew C/03 P\$	A form for e	ispection! all	02-08
				O -
I hereby certify that the information abgrade tank has been/will he constructed or cl	ove is true and complete to osed according to NMOCD guid	the best of my knowledg	e and belief. I further certify t	hat any pit or below- OCD-approved plan
SIGNATURE Stan Wag		TITLE Regulato	ory Analyst DATE	
Type or print name Stan Wagner		E-mail address:	Telephone N	No. 432 686 3689
For State Use Only	A D ~ 1			FEB 1 2 2008
ADDROVED BY Mus	Williamsc	DISTRICT SUPERVISORY	GENERAL MANAGER	

Conditions of Approval, if any: