

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

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 ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505Form C-103
Revised June 10, 2003

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.)		WELL API NO. 30-025-31929
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> X FEE <input type="checkbox"/>
2. Name of Operator EOG Resources, Inc.		6. State Oil & Gas Lease No. NM V-3925
3. Address of Operator Box 2267, Midland, TX 79702		7. Lease Name or Unit Agreement Name Triste Draw 36 State
4. Well Location Unit Letter <u>F</u> : 1980' feet from the <u>N</u> line and <u>510'</u> feet from the <u>W</u> line Section <u>36</u> Township <u>23S</u> Range <u>32E</u> NMPM County <u>LEA</u>		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 7377
10. Pool name or Wildcat SWD: Delaware		

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.

Hole in tubing -- replaced 1 joint of tubing -- found 3 collar leaks -- replaced collars -- tested
Pressure test results attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John F. Elyson TITLE Sr. Production Foreman DATE 1/5/04

Type or print name _____ E-mail address: _____ Telephone No. _____

(This space for State use)

APPROVED BY Gary W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE JAN 14 2004

