

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 Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-30683
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 25586
7. Lease Name or Unit Agreement Name West Corbin Federal
8. Well Number 16
9. OGRID Number 7377
10. Pool name or Wildcat SWD: Bone Spring

4. Well Location Unit Letter <u>O</u> : <u>990</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>7</u> Township <u>18S</u> Range <u>33E</u> NMPM <u>Lea</u> County	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3851 GR
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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 ☐ Gas Well ☒ Other SWD

2. Name of Operator

EOG Resources, Inc.

3. Address of Operator

Box 2267, Midland, TX 79702

4. Well Location

Unit Letter O : 990 feet from the S line and 1980 feet from the E line

Section 7 Township 18S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3851 GR

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 ☐

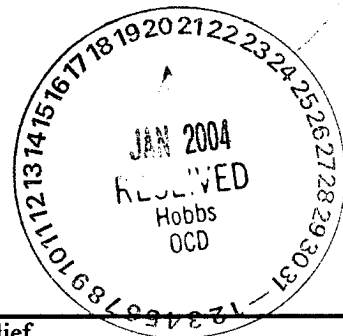
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

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.

Pulled tubing out of hole, found holes in two joints, went back in hole with tubing, circulated packer fluid. 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 [Signature] TITLE Sr. Production Foreman DATE 1/14/04

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

(This space for State use)

APPROVED BY [Signature] OFFICE FIELD REPRESENTATIVE II/STAFF MANAGER JAN 21 2004

Conditions of approval, if any:

