Submit 3 Copies To Appropriate District State of New Mexico Office Epergy Minerals and Natural Resources	Form C-103
District I	June 19, 2008
	30-025-39701
District II 1301 W. Grand Ave., Artesia, NM 88216 204 204 H220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87440BBSOCD Santa Fe, NM 87505	STATE 🕱 FEE 🗌 🦯
District IV 1220 S St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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.)	Lomas Rojas 26 State Com
1. Type of Well: / Oil Well X Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number
EOG Resources, Inc.	7377
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702 4. Well Location	Red Hills; Bone Spring
Unit Letter <u>N</u> : 330 feet from the <u>South</u> line and <u>1850</u> feet from the <u>West</u> line	
Section 26 Township 25S Range 33E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, et	
3325' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	ING OPNS. 🔲 P AND A 🔄
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT J	 ОВ [х]
OTHER: 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.	
4/12/10 Spud 17-1/2" hole.	
4/13/10 RIH w/ 18 jts 13-3/8", 54.5#, K-55 BTC casing set at 685'.	
Cemented w/ 675 sx Prem Plus, 14.8 ppg, 1.35 yield.	
Circulated 172 sx cement to surface. WOC 43 hrs. 4/15/10 Tested casing to 1500 psi for 30 minutes. Test good.	
Spud Date: 4/12/10 Rig Release Date:	
Spud Date: 4/12/10 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Man TITLE Regulato	ry Analyst DATE 4/16/10
Type or print name <u>Stan Wagner</u> E-mail address:	PHONE _432-686-3689
For State Use Only APR 2 1 2010	
APPROVED BY TITLE	DATE
Conditions of Approval (if any):	~~~~