			State of New Me			Form C-103 June 19, 2008	
Office Energy, Minerals and Natu District I 1625 N. French Dr., Hobbs, NM 87240				irai Resources	WELL API NO		
District II 1301 W. Grand Ave, Artesia, No. 220 CE PE CONSERVATION DIVISION District III District III						025-39704	
					5. Indicate Type STATE	/	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505					6. State Oil &		
07505 IABACAG					o. state on a	Cus Deuse 110.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					7. Lease Name	e or Unit Agreement Name:	
DIFFERENT R	RESERVOIR. USE "/		,				
PROPOSALS.) 1. Type of Well:					8. Well Number	26 State Com	
Oil Well X Gas Well Other						5H /	
2. Name of Operator					9. OGRID Nun		
EOG Resources, Inc. 3. Address of Operator					10. Pool name	or Wildcat	
P.O. Box 2267 Midland, TX 79702					Red Hills; E	√	
4. Well Location							
Unit Le	etter P	: 330 f	eet from theso	ith line and _	430 feet	from the <u>east</u> line	
Section 26 Township 25S Range 33E NMPM County Lea							
11. Elevation (Show whether DR, RKB, RT, GR, etc.)							
3334' GR							
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING							
					LLING OPNS.	P AND A	
= 1				CASING/CEMEN	_		
DOWNHOLE COMMINGLE							
DOMINIOLE	00						
OTHER:				OTHER:			
13. Describe	e proposed or com	pleted operations	(Clearly state all pe	ertinent details, and	give pertinent dates	s, including estimated date	
	~	vork). SEE RULE	E 1103. For Multiple	e Completions: Att	ach wellbore diagra	m of proposed completion	
or recom	•		_	_	_		
6/27/10			K55 LTC & 97 jts 1ass C, 12.7 ppg		55 LTC casing se	t at 5034'.	
			.8 ppg, 1.34 yie	_	•		
6/28/10	6/28/10 Tested casing to 2000 psi for 30 minutes. Test good.						
	Resumed dril	lling 8-3/4" ho	le.				
Spud Date:	6/21	L/10	Rig Relea	usa Data:			
Spud Date. Rig Reica.			ise Bate.				
I hereby certif	fy that the information	ation above is true	and complete to the	best of my knowle	edge and belief.		
SIGNATURE than Way TITLE Regulatory Analyst DATE 7/12/10							
Type or print name <u>Stan Wagner</u> E-mai				ail address:		PHONE <u>432-686-3689</u>	
For State Use	e Only	7.1		PETFELLE	m bharas		
APPROVED BY TITLE DATE						DATE 30.1 5 2010	
Conditions of Approval (if any):							