Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources District I Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II OIL CONSERVATION DIVISION 30 025 23728 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE X FEE  $\square$ District IV 2040 South Pacheco, 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.) HENRY 1. Type of Well: Oil Well X Gas Well Other 2. Name of Operator 8. Well No. EOG Resources Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 2267 Midland, Texas 79702 VADA (PENN) 4. Well Location Unit Letter 660 feet from the line and 660 feet from the EAST line Section Township Range **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. 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 TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND X **ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: 12. 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 recompilation. 12/09/02 TIH & tag cement @ 278'. POOH & spot 30 sx cement @ 60' to surface. Rig down. Pg. 2 Cut off wellhead. 12/10/02 Weld on P&A marker. Clean and restore location. Approved as to plugging of the Well Bore. Liability under bond is retained until surface restoration is completed. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Administrator Type or print name Stan Wagner Telephone No. 915 686-3689 (This space for State use) APPROVED BY \_ TITLE\_ DATE Conditions of approval, if any: