

Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. 30-025-35111
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name Or Unit Agreement Name:  Bullwinkle
8. Well No. 1
9. Pool Name or Wildcat Eidson <del>Townsend</del> Morrow North (Gas)

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

2. Name of Operator  
EOG Resources, Inc.

3. Address of Operator  
P.O. Box 2267, Midland, TX 79702

4. Well Location  
Unit Letter V 660 feet from the South line and 1980 feet from the West line

Section 6 Township 16S Range 35E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
5004' GR

11. 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: 5-1/2" csg

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 recompiation.

11/12/00 Ran 90 jts 5-1/2" csg, 17#, P110, 7rd and 202 jts 5-1/2" csg, 17#, N80, 8rd to 13,076'. Cemented as follows: 1st slurry, 1000 sx Class "H", 1/4# flocele, 3% Econolite, 5# salt, .2% HR7, weight 11.4#/gal, 3 cu ft/sx, 534 bbls. 2nd slurry, 375 sx, Class "H" 50/50 POZ, .6% Halad 447, 1/4 D-air, .2% HC7. Tested csg to 3400#, OK. TOC 3500'.

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

SIGNATURE Mike Francis TITLE \_\_\_\_\_ DATE 11/13/00

Type or print name Mike Francis Telephone No. 915-686-3714

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of approval, if any: