| Submit 3 Copies to Appropriate | District | | Sta | te of New M | lexico | | | | | | Form C-103 | |
|--|-------------------|-------------------|----------------|---------------|-----------------|-----------|-----------------|-----------|---|-------------|----------------|--|
| Çffice | | | Energy, N | /linerals & N | atural Reso | ources | | | | Revised | March 25, 1999 | |
| District I | | | | | | | | WELL | API NO. | | | |
| 1625 N. French Dr., Hobbs, NM | 88240 | | | | | | | | 30-025-35 | 5111 | | |
| District II OIL CONSERVATION DIVISION | | | | | | | | | | | | |
| 811 South First, Artesia, NM 88210 2040 South Pacheco | | | | | | | | 5. Indic | ate Type of L | ease | | |
| District III Santa Fe, NM 87505 | | | | | | | | STAT | E | FEE | \square | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | | | | | | | |
| District IV | | | | | | | | 6. State | e Oil & Gas L | ease No. | | |
| 2040 South Pacheco, Santa Fe | , NM 8750 |)5 | | | | | | [| | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | 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.) | | | | | | | | | Bullwinkle | | | |
| Type of Well: | | | | | | | | ļ | | | | |
| Oil Well | Gas Wel | ı X | Other | | | | | | | | | |
| 2. Name of Operator | | | | | | | | 8. Well | | | | |
| EOG Resources, Inc. | | | | | | | | | 1 | | | |
| 3. Address of Operator P.O. Box 2267, Midland, TX 79702 | | | | | | | | | 9. Pool Name or Wildcat Eidson Tewnsend Morrow North (Gas) | | | |
| 4. Well Location | ilulariu, 17 | (73702 | | | | · | | LIGSOIT | +O FRITO CITIC IVI | OHOW NO | ili (Gas) | |
| T. Tron Education | | | | | | | | | | | | |
| Unit Letter V | 660 |) feet from the | South | line and | 198 | 0 | feet from the | West | | line | | |
| | | _ | | | | | - | | | _ | | |
| Section 6 | | Township | 16S | | Range | 35E | NMPM | | County | Lea | | |
| 10. | Elevation | n (Show whethe | r DR, RKB, i | RT, GR, etc. | .) | | | | | | | |
| 11. Check Appro | ariata Day | 5004' GR | ura of Nation | Donaday | Other Dete | | * | | | | | |
| NOTICE OF INTE | • | | ure or motice | e, Report or | Otner Data I | | CLIBCEO | LIENT | DEBODT | ΩΕ. | | |
| | | PLUG AND A | DANIDONI | | DEMEDIA | LWOD | | | REPORT | | | |
| PERFORM REMEDIAL WORK | ш | PLUG AND A | SANDON | ш | REMEDIA | IL WOR | N. | Ш | ALTERING | CASING | لسا | |
| TEMPORARILY ABANDON | | CHANGE PLA | NS | | COMMEN | ICE DBI | LLING OPNS. | | PLUG AND | | | |
| Tem on an array are | | 3.11.11.02.1.2.1 | | _ | | | | ш | ABANDON | /ENT | لبسبا | |
| PULL OR ALTER CASING | | MULTIPLE | | | CASING 7 | TEST AN | ND | \Box | | | | |
| | | COMPLETION | 1 | | CEMENT | JOB | | | | | | |
| | | | | _ | | | | | | | - | |
| OTHER: | | | | | OTHER: | | 8-5/8" csg | | | | \square | |
| 10 Daniba | | estions (Closelle | etete all no | dinant datail | | | | | | | | |
| Describe proposed or complete of starting any proposed work. | | | | | | | | | | | | |
| or recompilation. | ik). OLL | MOLL 1103. 10 | i Mulliple Oc | Jinpiellons. | Allacii Wei | ibore dia | igiam of prope | seu con | piellon | | | |
| or recompliation. | | | | | | | | | | | | |
| 10/11/00 Ran 18 jts 8-5/8" o | sg, 32#, F | HCK-55 & 87 jts | 8-5/8" csg, : | 32#, J55 to | 4604'. Cen | nented a | ıs follows: 1st | sturry, 1 | 100 sx Interf | ill "C"、 | | |
| 1/4# flocele, weigh | - | - | _ | | | | | | | | | |
| 61 bbls. WOC 18 | hrs. Test | ed csg to 2000# | ŧ, OK. | | | | | = | • | | | |
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| I hereby certify that the information | on above | is true and com | olete to the b | est of my ki | nowledge a | nd belie | f. | - | | | | |
| un ! | | | | · | - | | | | | | | |
| SIGNATURE | LA | am. | TITLE | | | | | DATE | 10/13/00 |) | | |
| T | - - - : | | | | | - | | 045.00- | 074.4 | | | |
| | e Francis | | | | | l eleph | one No. | 915-686 | -3714 | | | |
| (This space for State use) | | | 170 | | | | | · • | | | | |
| APPROVED BY | | | TITLE | Ladi | 15.4 | | | DATE | | | | |
| Conditions of approval, if any: | | | | | | | | ~, | | - | | |