Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-35986 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE FEE X Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 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.) John's Hopper 30 1. Type of Well: Gas Well X Other 915 686 3689 Oil Well 8. Well No. Name of Operator EOG Resources Inc. 9. Pool name or Wildcat 3. Address of Operator Vacuum; Atoka-Morrow, North (Gas) P.O. Box 2267 Midland, Texas 79702 Well Location 1980 South feet from the line line and Unit Letter feet from the **Township** Range **NMPM** County Lea Section 30 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4026 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND TEMPORARILY ABANDON CHANGE PLANS ABANDONMENT CASING TEST AND **MULTIPLE** PULL OR ALTER CASING 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. * CORRECTED REPORT* 10/3/02 Spud 8:00 AM Run 11 jts. 11 3/4", 42# H40, casing set at 483'. Cemented w/ 110 Prem Plus, tailed w/ 125 sx Prem Plus. Circ 2 sx to reverse pit. WOC 18 hrs. Tested to 1000 psi for 30 min. OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Analyst 10/11/02 DATE _ SIGNATURE. Telephone No. 915 686 3689 Type or print name Stan Wagner GARY W. WILK

OC FIELD REPRINTER AND LOSTATIONAND MANAGER

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(This space for State use)

Conditions of approval, if any:

APPROVED BY_