Submit 3 Copies to Appr	opriate District		Sta	ate of New N	Mexico						Form C-103	
Office			Energy,	Minerals & N	Natural Reso	ources				Revised	March 25, 1999	
District !								WELL A	API NO.			
1625 N. French Dr., Hob	bs, NM 88240								30-025-3	1344		
District II		OIL	CONSER	NOITAVS	DIVISION	1						
811 South First, Artesia, NM 88210 2040 South Pacheco								5. Indic	ate Type of	Lease		
District III Santa Fe, NM 87505								STAT	E X	FEE		
1000 Rio Brazos Rd., Az	tec, NM 87410											
District IV								6. State	e Oil & Gas	Lease No.		
2040 South Pacheco, Sa	nta Fe, NM 875	05							NM-0649	44		
	CUNDOV NOT	OEO AND DED	ODTO ONL	A/CLLO				ļ		11	<del></del>	
(DO NOT USE THIS FOR DIFFERENT RESERVO)		OSALS TO DR	ILL OR TO I	DEEPEN O				/. Leas		-	ement Name:	
PROPOSALS.)									TIJERAS	STATE		
1. Type of Well: Oil Well X Gas Well Other												
Name of Operator	Gas vve	<u> </u>	Other					8. Well	No			
EOG Resources, Inc.									1			
3. Address of Operator P.O. Box 2267, Midland, TX 79702									Pool Name or Wildcat     Corbin, South Bone Spring			
4. Well Location										<u> </u>		
	_											
Unit Letter	O 510	o feet from the	South	198	o	fee	et from the		East	line		
Section	21	Township	18S		Range	33E	NMPM		County	Lea		
330.011		n (Show whether		RT, GR, et		002	141411 141		County	Loa		
	3833' KB	•			-							
	Appropriate Box		ture of Notic	e, Report o	r Other Data				-			
	INTENTION			_			UBSEQ	UENT	REPORT		_	
PERFORM REMEDIAL V	ORK	PLUG AND A	BANDON		REMEDIA	L WORK			ALTERING	CASING		
TEMPORARILY ABANDO	ON 🔲	CHANGE PLA	ANS		COMMEN	ICE DRILLII	NG OPNS		PLUG AND ABANDON			
PULL OR ALTER CASING	3 🗌	MULTIPLE COMPLETION	N		CASING CEMENT	TEST AND JOB			ABANDON	VICIVI		
OTHER:					OTHER:	PL	UG BACK				X	
12. Describe proposed or	completed ope	rations. (Clearl	y state all pe	ertinent deta	ils, and give	pertinent d	ates, inclu	ding esti	mated date		<del></del>	
of starting any propos	ed work). SEE	RULE 1103. F	or Multiple (	Completions	: Attach we	ilbore diagra	am of prop	osed cor	mpletion			
or recompilation.	BECOMBLE	TE 2DD BONE	SDDING C	ADDONATO								
	RECOMPLE	TE 3RD BONE	SPRING CA	ARBUNAIL	::							
3/7/2001 Set CIBP (	ත 11.000' w/35'	cmt on top to a	bandon Wo	lfcamp perfs	11.020-11	392'						
	3rd Bone Spring	,				,002.						
	rfs 10,065-10,12				-	and swab t	est.					
3/9/2001 PUT WELL	ON PMP; PMP	D 113 BO, 4 BV	W, 48 MCF,	24 HRS.								
I hereby certify that the infe	ormation above	is true and com	plete to the	best of my	knowledge a	and belief.						
SIGNATURE DO DO COLONIA				.E SR. REGULATORY ADMIN.				DATE 9/15/2001				
*	DEVILATESE	<u>Ų</u>				Talant	A1.	.45.000			_	
Type or print name (This space for State use)	BEV HATFIE	LU				Telephone	NO.	915 686-	3689			
(This space for State use)							7					
APPROVED BY			TITLE					DATE				
Conditions of approval, if a	ny:			DI * 10			7		<del></del>		<del></del>	
•••	•			FRIE			£1					