| Submit 3 Copies to Appropriate District  | State of New Mexico                  |             |                                       |                |                         |                            | Form C-103     |  |
|--|--------------------------------------|-------------|---------------------------------------|----------------|-------------------------|----------------------------|----------------|--|
| Office   | Energy, Minerals & Natural Resources |             |                                       |                |                         | Revised N                  | March 25, 1999 |  |
| District !   | <del></del>                          |             |                                       |                | WELL /                  | API NO.                    |                |  |
| 1625 N. French Dr., Hobbs, NM 88240  |                                      |             |                                       |                |                         |                            |                |  |
| District II  | OIL CONSERVATION DIVISION            |             |                                       |                | 30-025                  | -34814                     |                |  |
| 811 South First, Artesia, NM 88210   | 2040 South Pacheco                   |             |                                       |                |                         | ate Type of Lease          |                |  |
|  |                                      |             |                                       |                | STAT                    | <u></u>                    | $\neg$         |  |
| District III  1000 Rio Brazos Rd , Aztec, NM 87410   | Santa Fe, NM 87505                   |             |                                       |                |                         | E X FEE                    |                |  |
| District IV  |                                      |             |                                       |                | 6 State                 | e Oil & Gas Lease No.      |                |  |
| 2040 South Pacheco, Santa Fe, NM 875   | i05                                  |             |                                       |                | O. Olak                 | e On a Oas Lease No.       |                |  |
| 20-0 000011 2011000, 021112 1 0, 1411 070  |                                      |             |                                       |                | V-4331                  |                            |                |  |
| SUNDRY NOT   | ICES AND REPORTS ON WE               | LLS         |                                       |                |                         | se Name Or Unit Agree      | ment Name:     |  |
| (DO NOT USE THIS FORM FOR PROP   | OSALS TO DRILL OR TO DE              | EPEN OR     | PLUG BACK TO A                        | 4              |                         |                            |                |  |
| DIFFERENT RESEF:VOIR. USE "APPL  | ICATION FOR PERMIT" (FOR             | RM C-101)   | FOR SUCH                              |                |                         |                            |                |  |
| PROPOSALS.)  | .)                                   |             |                                       |                |                         | Triste Draw "34" State Com |                |  |
| 1. Type of Well:   |                                      |             |                                       |                |                         |                            |                |  |
| Oil Well Gas We  | ell Other                            |             |                                       |                |                         |                            |                |  |
| 2. Name of Operator  |                                      |             |                                       |                | 8. Well                 |                            |                |  |
| EOG Resources, Inc.  |                                      |             |                                       |                |                         | 3                          |                |  |
| 3. Address of Operator P.O. Eox 2267, Midland, TX 79702  |                                      |             |                                       |                | 9. Pool Name or Wildcat |                            |                |  |
| 4. Well Location   | 18 79702                             |             | · · · · · · · · · · · · · · · · · · · |                | Jonnso                  | n Ranch (Wolfcamp)         | <del></del>    |  |
| 4. Well Location   |                                      |             |                                       |                |                         |                            |                |  |
| Unit Letter D : 660  | feet from the North                  | line and    | 660                                   | feet from the  |                         | West line                  |                |  |
|  | <del></del>                          | _           |                                       |                |                         |                            |                |  |
| Section 34   | Township 24S                         |             | Range 33E                             | NMPM           | Lea                     | County                     |                |  |
| 10. Elevati  | on (Show whether DR, RKB, F          | RT, GR, eit | <del>:</del> .)                       |                |                         |                            |                |  |
|  | GL347?                               |             |                                       |                |                         |                            |                |  |
|  | ox to Indicate Nature of Notice,     | Report or   | Other Data                            | 0110050        |                         | DEDODT 05                  |                |  |
| NOTICE OF INTENTIO   |                                      | <del></del> |                                       |                | UENI                    | REPORT OF:                 |                |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                     |             | REMEDIAL WOR                          | КΚ             |                         | ALTERING CASING            |                |  |
| TEMPORARILY ABANDON  | CHANGE PLANS                         |             | COMMENCE DE                           | NI LING OPNS   | S X                     | PLUG AND                   | [-]            |  |
|  | OTATIOE I DATO                       |             | COMMENCE DI                           | CILLING OF THE | لکار                    | ABANDONMENT                | ш              |  |
| PULL OR ALTER CASING   | MULTIPLE                             | $\Box$      | CASING TEST A                         | ND             | $\overline{X}$          |                            |                |  |
| <del></del>  | COMPLETION                           |             | CEMENT JOB                            |                |                         |                            |                |  |
|  |                                      |             |                                       |                |                         |                            | _              |  |
| OTHER:   |                                      |             | OTHER:                                |                |                         |                            |                |  |
| 40.0   |                                      |             | <del> </del>                          |                |                         |                            |                |  |
| 12. Describe proposed or completed op  |                                      |             |                                       |                | -                       |                            |                |  |
| of starting any proposed work). SE   | ERULE 1103. For Multiple Co          | mpletions   | Attach wellbore d                     | iagram of prop | osed co                 | mpletion                   |                |  |
| or recompilation   |                                      |             |                                       |                |                         |                            |                |  |
|  |                                      |             |                                       |                |                         |                            |                |  |
| 2/1/00 Shud well & 12:00   |                                      |             |                                       |                |                         |                            |                |  |
| 2/1/00 - Spud well @: 12:00 noon   | assiss to COZI. Companied as         | fallanna da | t Chier (200 av De                    | and Oliver     |                         | οω/                        |                |  |
| 2/1/00 - Ran 16 jts 11-3/4", 42#/ft, H-40  | -                                    |             |                                       |                |                         | 576                        |                |  |
| Econolite + 2% CaC 2 + 1/4#/sx Flocele cement + 2% CaCl2 weight 14.8#/gal,   |                                      | · · ·       | •                                     |                | us                      |                            |                |  |
| Tested casing to 500 psi - OK.   | 1.32 Cu 1853, 33 ddis. Circulate     | eu /2 5x 10 | reserve pit. VVOC                     | 0-1/4 1115.    |                         |                            |                |  |
| rested casing to socreps on.   |                                      |             |                                       |                |                         |                            |                |  |
|  |                                      |             |                                       |                |                         |                            |                |  |
|  |                                      |             |                                       |                |                         |                            |                |  |
|  |                                      |             |                                       |                |                         |                            |                |  |
|  |                                      |             |                                       |                |                         |                            |                |  |
| The second secon |                                      |             |                                       | - t            |                         |                            |                |  |
| I hereby certify that the information above  | e is true aria complete to the b     | est of my k | nowleage and beli                     | eı.            |                         |                            |                |  |
| SIGNATURE MAL  | are TITLE                            |             | Agent                                 |                | DATE                    | 2/4/00                     |                |  |
| - July   | - F- IIICE                           |             | . 90111                               |                |                         |                            |                |  |
| Type or print name   | Mike Francis                         |             | Telep                                 | hone No.       | (915)68                 | 36-3714                    |                |  |
| (This space for State use)   |                                      |             | <del></del>                           |                |                         |                            |                |  |
| ADDROVED BY  | TIT: -                               |             |                                       |                | ראדר                    | •                          |                |  |
| APPROVED BY Conditions of approval, if any:  | TITLE                                | <del></del> |                                       |                | - DATE                  | - <u>177</u>               |                |  |
|  |                                      |             |                                       |                |                         |                            |                |  |