

Submit 1 Copy To Appropriate District Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-26670
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 Clifford ADD
8. Well Number 2
9. OGRID Number 7377
10. Pool name or Wildcat Dagger Draw; Wolfcamp, 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator EOG Resources, Inc.	
3. Address of Operator 104 South Fourth Street, Artesia NM 88210	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>35</u> Township <u>19S</u> Range <u>24E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3652'GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Plugback, recomple and acidize <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/17/19 – MIRU and pumped 16 bbls 2% KCL with 02 scavenger and biocide down tubing. Well loaded up. NU BOP. Loaded with 9 bbls 2% KCL with 02 scavenger and biocide. Released packer and POOH with packer and tubing. Set a CIBP at 7162'. Loaded casing with 18 bbls 2% KCL 02 scavenger and biocide. Tested to 1000 psi for 30 min, good. Bled well down. Dumped bail 2 runs of Class "H" cement on top of CIBP to 7127' approximate TOC.  
1/19/19 – Tagged TOC at 7134'. Perforated Wolfcamp 5518'-5524' (42). Set 7" ASI packer and 2-7/8" tubing at 5464'. Loaded 7" casing with 1/2 bbl 2% KCL 02 scavenger and biocide. Tested to 1000 psi for 30 min, good.  
1/21/19 – Acidized Wolfcamp with 5000g 20% NEFE acid.

RECEIVED

FEB 06 2019

Spud Date:  Rig Release Date:  DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE Tina Huerta TITLE Regulatory Specialist DATE February 5, 2019

Type or print name Tina Huerta E-mail address: tina\_huerta@eogresources.com PHONE: 575-748-4168

For State Use Only

APPROVED BY: [Signature] TITLE Staff Sgt. DATE 2/6/19  
Conditions of Approval (if any):