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	Form C-103 Revised July 18, 2013 WELL API NO. 30-025-43600 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
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 Gas Well Other	<ol> <li>Lease Name or Unit Agreement Name NERVOSA STATE COM</li> <li>Well Number 601 H</li> </ol>
2. Name of Operator EOG RESOURCES INC	9. OGRID Number 7377
3. Address of Operator PO BOX 2267 MIDLAND, TX 79702	10. Pool name or Wildcat BERRY; BONE SPRING, NORTH
4. Well Location Unit Letter H : 2394 feet from the North line and 469 feet from the East line Section 24 Township 21S Range 33E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3764' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRIN         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT         DOWNHOLE COMMINGLE       CLOSED-LOOP SYSTEM	LLING OPNS. P AND A
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.	
07/13/2017Opened well to flowback Date of First Production09/06/2017Ran L-80 2 7/8" TBG and gas lift valves, set EOT @ 11,912', well back on production	
Spud Date: 4/20/2017 Rig Release Date: 05/15/2	017
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Kay Madda TITLE Regulatory Analyst DATE 09/18/2017	
Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658 For State Use Only	
APPROVED BY:	Engineer DATE 09/19/17