

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. 30-025-43926
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Hearns 34 State Com
8. Well Number 504H
9. OGRID Number 7377
10. Pool name or Wildcat Triste Draw; Bone Spring, East
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3466' GR

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator EOG Resources, Inc.
3. Address of Operator P.O. Box 2267 Midland, TX 79702
4. Well Location Unit Letter O : 275 feet from the South line and 2362 feet from the East line Section 34 Township 24S Range 33E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3466' 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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

9/18/17 TD at 21140' MD.  
9/19/17 Ran 5-1/2", 20#, (468 jts) ICYP-110 RDT-BTX, (2 jts) ECP-110 LTC casing set at 21115'.  
9/21/17 Cement w/ 1025 sx Class H, 15.6 ppg, 1.19 CFS yield. WOC 8 hrs. ETOC at 9646'.  
Released rig.

Spud Date:

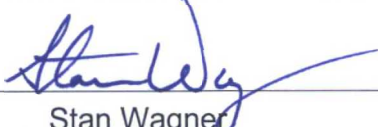
8/23/17

Rig Release Date:

9/21/17

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

SIGNATURE



TITLE

Regulatory Analyst

DATE

9/26/17

Type or print name

Stan Wagner

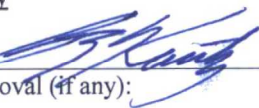
E-mail address:

PHONE:

432-686-3689

For State Use Only

APPROVED BY:



TITLE

Petroleum Engineer

DATE

10/06/17

Conditions of Approval (if any):