

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

HOBBS OCD
 RECEIVED
 JUN 21 2019

| |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO. 30-025-45140 |
| 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 HEARTTHROB 17 STATE COM |
| 8. Well Number 705H |
| 9. OGRID Number 7377 |
| 10. Pool name or Wildcat WC-025 G-09 S243310P; UPPER WOLFCAMP |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3568' GR |

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
EOG RESOURCES INC

3. Address of Operator
PO BOX 2267 MIDLAND, TX 79702

4. Well Location
 Unit Letter P : 523' feet from the SOUTH line and 1276' feet from the EAST line
 Section 17 Township 24S Range 33E NMPM County LEA

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: <u>Completion</u> <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.

06/8/2019 RAN L-80 2 7/8" TBG AND GAS LIFT VALVES, SET TBG @ 12,523'
 PUT WELL BACK ON PRODUCTION

1 p.m.

Spud Date: 1/25/2019 Rig Release Date: 2/16/2019

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

SIGNATURE KAgee TITLE Sr. Regulatory Administrator DATE 06/19/2019

Type or print name Kristina Agee E-mail address: kristina_agee@eogresources.com PHONE: 432-686-6996

For State Use Only
 APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/26/19
 Conditions of Approval (if any):