

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
HOBBS OCD
OIL CONSERVATION DIVISION
1220 S. St. Francis Dr.
Santa Fe, NM 87505
OCT 11 2016
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-43221	
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 Lomas Rojas 26 State Com ✓	
8. Well Number 708H ✓	
9. OGRID Number 7377	
10. Pool name or Wildcat *WC-025 G-09 S253336D; Upper Wolfcamp	

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	
2. Name of Operator EOG Resources, Inc.	
3. Address of Operator P.O. Box 2267 Midland, TX 79702	
4. Well Location Unit Letter <u>D</u> : <u>806</u> feet from the <u>North</u> line and <u>949</u> feet from the <u>West</u> line Section <u>26</u> Township <u>25S</u> Range <u>33E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3341' 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.

7/28/16 TD at 17264' MD.

7/30/16 Ran 418 jts 5-1/2", 23#, HCP110 NSMCC VAM TOP HT casing at 17254'.

Cement w/ 710 sx 50/50 POZ H cement, 14.4 ppg, 1.20 CFS yield.

7/31/16 Rig released.

Spud Date: 7/09/16

Rig Release Date: 7/31/16

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

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 8/04/2016
Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 10/12/16
Conditions of Approval (if any): _____