

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

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-43129	
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 Nautilus 16 State Com	
8. Well Number 703H	
9. OGRID Number 7377	
10. Pool name or Wildcat *WC-025 G-09 S263416B; 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 D : 439 feet from the North line and 751 feet from the West line Section 16 Township 26S Range 34E NMPM County Lea	
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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: completion <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.

06/05/16 Prep well for completion. Perform pre-frac casing test to a max pressure of 11500 psi.  
07/26/16 MIRU for completion. Begin 21 stage completion.  
08/02/16 Finish perforating and frac.  
Perforated 13240 - 17556', 0.35", 1144 holes  
Frac w/ 504 bbls acid; 10,970,260 lbs proppant; 279,174 bbls load water  
08/04/16 RIH to drill out plugs and clean out well.  
08/05/16 Finish drill and clean out.  
08/08/16 RIH w/ 5-1/2" production packer set at 12403'.  
08/09/16 RIH w/ 2-7/8" production tubing and gas lift assembly. EOT at 12430'. Well shut-in.  
10/19/16 Opened well for flowback. First production.

Spud Date:

Rig Release Date:

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 11/09/2016

Type or print name Stan Wagner E-mail address:  PHONE: 432-686-3689

For State Use Only

APPROVED BY: Malaysia Brown TITLE Dist Supervisor DATE 11/17/2016

Conditions of Approval (if any)

~ see attached ~