Office	of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Energy, Mines	als and Natural Resources	Revised July 18, 2013
District II – (575) 748-1281 OBBS OCU		WELL API NO. 30-025-43899
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5 Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr.		STATE FEE
District (Coo)	a Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Nautilus 16 State Com
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		· ·
1. Type of Well: Oil Well Gas Well Other		8. Well Number 710H
2. Name of Operator EOG Resources, Inc.	/	9. OGRID Number 7377
3. Address of Operator		10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702 *WC-025 G-09 S263416B; Upper Wolfcamp  4. Well Location		
Unit Letter C 186	North line and 1	727 Keet from the West line
Section 16 Township		NMPM County Lea
11. Elevation (Show	w whether DR, RKB, RT, GR, et	
3330'	GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABAND	OON REMEDIAL WO	ORK ALTERING CASING
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEME	NT JOB 🗸
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM  OTHER:	□ OTHER:	×
13. Describe proposed or completed operations. (Cle		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
8/04/17 Ran 7-5/8", 29.7#, (33 jts) ECP-110 BTC & (241 jts) ICYP-110 FXL casing at 12028'.		
8/05/17 Cement w/ 715 sx Class H, 15.6 ppg, 1.22 CFS yield; WOC 4 hrs.		
Cement w/ 3000 sx Class C, 14.8 ppg, 1.52 CFS yield, WOC 4 hrs. Top out cement w/ 50 sx Class C, 14.8 ppg, 1.40 CFS yield.		
Cement to surface.		
Resumed drilling 6-3/4" hole.		
Spud Date:   7/27/17   R	ig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
STONE STATE OF THE	Regulatory Analys	st 8/07/17
SIGNATURE Com Com Signature	TILE 5 , ,	DATE
Type or print name Stan Wagner	E-mail address:	PHONE:432-686-3689
For State Use Only		
ADDROVED BY BOLCH		
APPROVED BY: DATE Of 1817  Conditions of Approval (if any):		