Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OBCONSERVATION DIVISION		30-025-44269 5. Indicate Type of Lease	
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE F	EE
1220 S. St. Francis Dr., Santa Fe, NM	S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease N	NO.
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO INSEL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Cobalt 32 State		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Qther			8. Well Number 702H	
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 S243336I; Upper WC	
P 451 00	feet from the South	line and 695	feet from the Ea	ist line
Section 32		e 34E	NMPM County	Lea 🦯
11. Eleva	tion (Show whether DR, RK 3416' GR	(B, RT, GR, etc.)		
12. Check Appropriat	e Box to Indicate Natu	re of Notice, F	Report or Other Data	
			EQUENT REPORT	OF: NG CASING □
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORI TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				
	E COMPL C	ASING/CEMENT	JOB 🗸	
DOWNHOLE COMMINGLE				
OTHER: 13. Describe proposed or completed operat		THER:	give pertipent dates includi	ng estimated date
of starting any proposed work). SEE R				
proposed completion or recompletion.				
2/25 TD at 17,173' 2/27 Ran 5-1/2", 20#, ECP-110 DV	/C-CIS-MS (0' - 17150')			
Cement lead w/625 sx class H	l, 15.6 ppg, 1.24 CFS yie	ld.		
Tested casing to 6000 psi. ETOC 9,281' <i>test results</i> ?				
2/28 Rig released.	mile ruste			
Spud Date: 1/27/2018	Rig Release Date:	2/28/2018		
I hereby certify that the information above is tru	e and complete to the best of	of my knowledge	and belief.	
O				0/0040
SIGNATURE CAMPAN STILLE Regulatory Tech			DATE3/	2/2018
Type or print name Elizabeth Castillo E-mail address:			PHONE: 43	32-686-3697
For State Use Only	1	5		
APPROVED B& Saren Sha	up TITLE May	4 Mgr	DATE 3	-7-18
Conditions of Approval (if any):	1	0 0		
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