Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources			Revised July 18, 2013 WELL API NO.		
<u>District II</u> – (575) 748-1283	OIL CONSERVATORN DIVISION		30-025-43858		
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr. Santa Fe, NM 80 505		5. Indicate Type of		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		STATE 6. State Oil & Gas I	FEE	1
1220 S. St. Francis Dr., Santa Fe, NM		ECF.	0. 0 0 0 0 0 0	2 00 00 1 (0)	
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Hearns 34 State Com		
1. Type of Well: Oil Well Gas Well Other			8. Well Number 708H		
Name of Operator EOG Resources, Inc.			9. OGRID Number 7377		
3. Address of Operator P.O. Box 2267 Midland, TX 79702			10. Pool name or Wildcat *WC-025 G-09 S243336l; Upper Wolfcamp		
4. Well Location O 275 South 1. 2432 East 1.					
Unit Letter : feet from the line and feet from the line are					
Section 34	Township 24S Ra	ange 33E		County Lea	-
	3467' GR	, KKD, KI, GK, etc.)			
12. Check	Appropriate Box to Indicate N	lature of Notice, I	Report or Other Da	ata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				LTERING CASING	
EMPORARILY ABANDON				AND A	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB 🗸	i	
CLOSED-LOOP SYSTEM					
OTHER:		OTHER:			_
	leted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC ompletion.				e
	•				
5/27/18 Spud 17-1/2" hole. 5/28/18 Ran 13-3/8", 54.5#, J55 STC casing set at 1264'.					
Cement lead w/ 1100 sx Class C, 13.5 ppg, 1.76 CFS yield;					
tail w/ 200 sx Class C, 14.8 ppg, 1.36 CFS yield.					
Circulated 510 sx cement to surface. Casing test to 1500 psi. Released preset rig.					
r tolodood proot					
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Spud Date: 5/27/18	Rig Release Da	ate:			
]	
I hereby certify that the information	ahove is true and complete to the h	act of my knowledge	and baliaf		_
r nereby certify that the information	above is true and complete to the bi	est of my knowledge	and benef.		
SIGNATURE Than W	TITLE Regulatory Analyst		DATE	5/30/2018	_
Type or print name Stan Wagner E-mail address:		PHON	_{NE} . 432-686-3689		
For State Use Qnly	. O	1		/	-
APPROVED BY:	Stown TITLE A	0/11	DATE	6/7/2018	3
Conditions of Approval (if the my):	f			<i>V</i> 1	