

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

Form C-103  
Revised July 18, 2013

**HOBBS OGD**  
**CONSERVATION DIVISION**  
1220 S. St. Francis Dr.  
Santa Fe, NM 87505  
**JUN 04 2018**  
**RECEIVED**

<b>WELL API NO.</b> 30-025-43861	
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 Hearns 34 State Com	
8. Well Number 711H	
9. OGRID Number 7377	
10. Pool name or Wildcat *WC-025 G-09 S2433361; Upper Wolfcamp	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3483' GR	

**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 ☒ Gas Well ☐ Other ☐

2. Name of Operator  
EOG Resources, Inc.

3. Address of Operator  
P.O. Box 2267 Midland, TX 79702

4. Well Location  
Unit Letter P 300 feet from the South line and 1238 feet from the East line  
Section 34 Township 24S Range 33E NMPM County Lea

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 checked="" 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.

5/30/18 Spud 17-1/2" hole.

Ran 13-3/8", 54.5#, J55 STC casing set at 1267'.

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 574 sx cement to surface.

Released preset rig.

Spud Date: 5/30/18

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 5/31/2018

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

For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 6/7/2018

Conditions of Approval (if any):

Provide Gas Capture Plan