

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

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

| |
|---|
| WELL API NO. 30-025-43863 |
| 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 713H |
| 9. OGRID Number 7377 |
| 10. Pool name or Wildcat WC-025 G-09 S2433361, 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 <input type="checkbox"/> | |
| 2. Name of Operator EOG Resources, Inc. | |
| 3. Address of Operator P.O. Box 2267 Midland, TX 79702 | |
| 4. Well Location Unit Letter <u>P</u> : <u>300</u> feet from the <u>South</u> line and <u>533</u> feet from the <u>East</u> line Section <u>34</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>Lea</u> | 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3485 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 checked="" type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input checked="" 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.

8/16/18 Run 7-5/8", 29.7#, ICYP110 FXL (0'-2880')
Run 7-5/8", 29.7#, HCP110 BTC (2880'-6381')
Run 7-5/8", 29.7#, HCP110 BTC (6381'-11860')
Cement lead 285 sx Neocem, 9.0 ppg, 3.514 yld
Cement lead 195 sx Neocem, 11.5 ppg, 2.367 yld
Tail 165 sx Halcem, 15.6 ppg, 1.279 yld
Circ 56 sx to surface
Test to 2500 psi/30 min - good test.
Resume drilling 6-3/4" hole

Spud Date:

6/2/18

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Renee Jarratt

TITLE

Regulatory Assistant

DATE

08/22/18

Type or print name

Renee Jarratt

E-mail address:

PHONE:

432-686-3644

For State Use Only

APPROVED BY:

Garen Sharp

TITLE

Staff Mgr

DATE

8-28-18

Conditions of Approval (if any):