

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. <b>30-025-43858</b>
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 <b>Hearns 34 State Com</b>
8. Well Number <b>708H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>WC-025 G-09 S2433361; Upper Wolfcamp</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR 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 **O** : **275** feet from the **South** line and **2432** feet from the **East** line  
Section **34** Township **24S** Range **33E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3467 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.

7/27/18 TD @ 22649' MD  
7/27/18 Run 5-1/2", 20#, CYHP-110 (0-2644')  
Run 5-1/2", 20#, CYHP-110 (2644' - 22649')  
7/28/18 Cement w/1001 sx 14.5#, Versacem 1.26 yld7  
7/29/18 Release Rig

Spud Date:

5/27/18

Rig Release Date:

7/29/18

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 7/31/18  
Type or print name Renee Jarratt E-mail address: \_\_\_\_\_ PHONE: 432-686-3644  
**For State Use Only**

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 8-6-18  
Conditions of Approval (if any): \_\_\_\_\_