Submit I Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised July 18, 2013
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-42322
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra Santa Fe, NM 8		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa PC, NW 67505		6. State Oil & Gas Lease No.
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.)		Neptune 10 State Com	
1. Type of Well: Oil Well	Gas Well Other		8. Well Number 501H
2. Name of Operator EOG Resources, Inc		FEB 1 9 2015	9. OGRID Number 7377
3. Address of Operator P.O. Box 2267 Midla			10. Pool name or Wildcat Triple X; Bone Spring, West
4. Well Location P	251 South	109	
Unit Letter feet from the line and feet from the line			
Section 10 Township 24S Range 34 33 E NMPM County Lea			
	<u>.8</u> 3609' GR		
12. Check	Appropriate Box to Indicate N	Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			K 🔲 ALTERING CASING 🗌
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		OTHER:	
	vork). SEE RULE 19.15.7.14 NMA		l give pertinent dates, including estimated date npletions: Attach wellbore diagram of
Cement lead v	MD. 1/2", 20#, P110 NSCC casing se w/ 450 sx LUCEM, 10.8 ppg, 3.02 sx 50/50 POZ H, 11.9 ppg, 2.41	2 CFS yield;	
tail w/ 1400 sx 50/50 POZ H, 14.4 ppg, 1.35 CFS yield. Did not circulate. TOC TBD. 2/16/15 Rig released.			
Z/10/13 Ng teleased.			
4/24/15	D's Dalaas D	2/16/15	
Spud Date: 1/31/15	Rig Release D	Pate: 2/16/15	
I nereby certify that the informatio	n above is true and complete to the l	best of my knowledge	e and beller.
SIGNATURE the Way TITLE Regulatory Analys		2/17/2015	
Type or print name E-mail address		5s:	PHONE: 432-686-3689
For State Use Only	the second second		in la dise
APPROVED BY:			
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