

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. 30-025-42087
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 27 State Com
8. Well Number <del>504H</del> 401H
9. OGRID Number 7377
10. Pool name or Wildcat Triste Draw; Bone Spring, East

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"/>	HOBBS OGD
2. Name of Operator EOG Resources, Inc.	MAR 19 2015
3. Address of Operator P.O. Box 2267 Midland, TX 79702	RECEIVED
4. Well Location Unit Letter N Section 300 feet from the South line and 2120 feet from the West line Section 27 Township 24S Range 33E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3488' 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 checked="" 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.

3/12/15 Spud 17-1/2" hole.  
3/13/15 Ran 30 jts 13-3/8", 54.5#, J55 STC casing set at 1270'.  
Cement lead w/ 550 sx Class C, 13.5 ppg, 1.75 CFS yield;  
tail w/ 300 sx Class C, 14.8 ppg, 1.33 CFS yield.  
Circulated 192 sx cement to surface. WOC 24 hrs.  
3/14/15 Tested casing to 1500 psi for 30 minutes. Test good.  
Resumed drilling 12-1/4" hole.

E-PERMITTING  
P&A NR \_\_\_\_\_  
DHC COMP \_\_\_\_\_  
CSNG dn  
TA \_\_\_\_\_ RBDMS \_\_\_\_\_  
INT to PA \_\_\_\_\_  
P&A R \_\_\_\_\_  
CHG Loc \_\_\_\_\_

Spud Date: 3/12/15

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 03/16/15  
Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689  
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 03/20/15  
Conditions of Approval (if any): \_\_\_\_\_

MAR 20 2015