Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Ellergy, willierars and iva	iurai Resources	WELL API NO.
District II - (575) 748-1283	OIL CONSERVATIO	N DIVISION	30-025-42503
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Fr	and the second of the second o	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM		STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	34444		VO-8777
	ICES AND REPORTS ON WELI		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	ISALS TO DRILL OR TO DEEPEN OR F CATION FOR PERMIT" (FORM C-101)	FOR OBBS OCD	Cockatoo BWO State Com
1. Type of Well: Oil Well	Gas Well Other	OCT 1 0 2045	8. Well Number 1H
Name of Operator EOG Resources, Inc.	/	OCT 1 6 2015	9. OGRID Number 7377
3. Address of Operator P.O. Box 2267 Midla	nd, TX 79702	RECEIVED	10. Pool name or Wildcat Wilson; Bone Spring
4. Well Location M	200 South	66	0 West
Unit Letter :	feet from the	line and	feet from theline
Section 19		Range 35E	NMPM County Lea
	11. Elevation (Show whether D 3629' GR	K, KKB, KI, GK, elc.	
12. Check	Appropriate Box to Indicate	Nature of Notice.	Report or Other Data
	ITENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WOR	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	
DOWNHOLE COMMINGLE		O/ IOII TO/ OZIMZIY	
CLOSED-LOOP SYSTEM		-	
OTHER:		OTHER: 5' new	
			d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of
proposed completion or rec		cc. For Multiple Co.	impletions. Attach wendore diagram of
Proposition			
10/13/15 Made 5' new hole	e. New hole TD @ 35'.		
	<u> </u>		
Spud Date: 06/30/15	Rig Release I	Note:	
Spud Date: 00/30/13	Rig Release L	rate:	
I hereby certify that the information	above is true and complete to the	best of my knowledge	e and belief.
	•		
manufacture to a	Re Re	gulatory Analyst	10/14/15
SIGNATURE TOWN	Mac IIILE	, , , , , ,	DATE
Type or print name Renee' Yarra	E-mail addre	SS:	PHONE: 432-686-3684
For State Use Only			
	pted for Record Only		
APPROVED BY: Conditions of Approval (if any):	necond only	10 10 10	DATE