

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

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-43128
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Ophelia 27
8. Well Number 708H
9. OGRID Number 7377
10. Pool name or Wildcat WC-025 G-09 S263327G; 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>G</u> : <u>2420</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>27</u> Township <u>26S</u> Range <u>33E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3277' 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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion <input checked="" 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.

6/10/16 Prep well for completion. Ran pre-frac casing pressure test to a max pressure of 11500 psi.  
6/14/16 MIRU for completion. Begin 22 stage completion.  
7/24/16 Finished perforating and frac. Perforated from 12516' to 17081', 0.35", 1468 holes.  
Frac w/ 740 bbls acid, 11,919,710 lbs proppant; 340,911 bbls load water.  
7/25/16 RIH to drill out plugs and clean out well.  
7/26/16 Finish drill and clean out.  
7/27/16 RIH w/ 5-1/2" packer set at 11779'.  
7/28/16 RIH w/ 2-7/8" production tubing and gas lift assembly. EOT at 11756'. Shut-in well.  
8/04/16 Opened well for flowback.  
8/05/16 First production.

Spud Date:

5/21/16

Rig Release Date:

6/6/16

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 8/17/2016  
Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689  
**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 8/26/16  
Conditions of Approval (if any): \_\_\_\_\_