Submit 1 Copy Office	To Appropriate District	State of New Me	xico		Form C-103
Office <u>District I</u> – (575) 393-6161 HOBBE EVEND 1625 N. French Dr., Hobbs, NM 88240 District H. (575) 748-1283				WELL API NO.	Revised July 18, 2013
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Bit Pursue NM 87410				30-025-43403 5. Indicate Type of Le	2356
1000 RIO Brazos Rd., Aziec, NM 8/410 Southa E.a. NIM 97505				STATE	FEE 🗌 🗸
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505				6. State Oil & Gas Le	ase No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Uni	-
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				Braswell 16 State Com ,	
1. Type of Well: Oil Well 🔲 Gas Well 🗌 Other				8. Well Number 708H /	
2. Name of Operator EOG Resources, Inc.				7377 .	
3. Address P.O.	of Operator Box 2267 Midland, TX 797	02		10. Pool name or Wild *WC-025 G-09 S2633	dcat 27G; Upper Wolfcamp
4. Well Loc	D 270	North)	West
	t Letter:fee	t from the	line and nge 33E	feet from the	unty Lea
500	11. Elevation	n (Show whether DR,			
3280' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A					ERING CASING
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
DOWNHOLE COMMINGLE					
OTHER: OTHER:					
 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. 					
11/30/16 TD at 16950'.					
12/01/16 Ran 362 jts 5-1/2", 23#, ECP140 (359) VAM TOP HT & (2) LTC casing set at 16939'.					
12/03/16 Released rig.					
Spud Date:	11/16/16	Rig Release Dat	e: 12/03/16		
8	a for				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Alan Way TITLE Regulatory Analyst DATE 12/05/16					
Type or print name Stan Wagner / E-mail address: PHONE: 432-686-3689					
For State Use Only Petroleum Engineer					
APPROVED BY:					
Conditions of	Approval (II ary):				