

HOBBS OCD

OIL CONSERVATION DIVISION

DEC 15 2016

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-41753	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. VO-8699	
7. Lease Name or Unit Agreement Name Nervosa BTT State Com	
8. Well Number 1H	
9. OGRID Number 025575	
10. Pool name or Wildcat Berry; Bone Spring, North	

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

EOG Y Resources, Inc.

3. Address of Operator

105 South Fourth Street, Artesia, NM 88210

4. Well Location

Unit Letter	H	:	2440	feet from the	North	line and	760	feet from the	East	line
Unit Letter	A	:	330	feet from the	North	line and	760	feet from the	East	line
Section	24			Township	21S	Range	33E	NMPM	Lea	County
Section	13			Township	21S	Range	33E	NMPM	Lea	County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,694'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: 5' new hole ☒

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.

12/8/16 - Made 5' new hole. TD 190'. Hole size 9".

Note: 30" culvert with locking device installed on 3/18/15.

Spud Date:

2/27/15

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Watts TITLE Advanced Regulatory Reporting Analyst DATE December 14, 2016Type or print name Laura Watts E-mail address: laura_watts@eogresources.com PHONE: 575-748-4272**For State Use Only**

APPROVED BY:

Accepted for Record Only

DATE

Conditions of Approval (if any):

M. Brown 12/21/2016