

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

HOBBS OGD  
DEC 30 2016  
RECEIVED

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br>30-025-43003  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>VA-0350   |
| 7. Lease Name or Unit Agreement Name<br>Wolverine BWT State Com                                     |
| 8. Well Number<br>1H  |
| 9. OGRID Number<br>025575   |
| 10. Pool name or Wildcat<br>Antelope Ridge; 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  |
| 2. Name of Operator<br>EOG Y Resources, Inc.  |
| 3. Address of Operator<br>105 South Fourth Street, Artesia, NM 88210  |
| 4. Well Location<br>Unit Letter <u>C</u> : <u>75</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line<br>Unit Letter <u>N</u> : <u>330</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line<br>Section <u>18</u> Township <u>23S</u> Range <u>35E</u> NMPM Lea County |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3,340' 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: 5' new hole <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.

12/21/16 – Made 5' new hole. TD 60'. Hole size 20".

Note: 30" culvert with locking lid installed on 6/17/16.

|                    |                   |
|--------------------|-------------------|
| Spud Date: 5/31/16 | 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 Assistant Regulatory Lead DATE December 27, 2016

Type or print name Laura Watts E-mail address: laura\_watts@eogresources.com PHONE: 575-748-4272

**For State Use Only**

APPROVED BY: Miss Braon TITLE Accepted for Record Only DATE 1/3/2017

Conditions of Approval (if any):