Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
D1 . 1 . 17 (655) 510 1000	OIL CONSERVATION DIVISION	30-025-43254
District III – (505) 334-6178	OIL CONSERVATION DIVISION BS 0 (22) South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM FEE		VB-2054
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	Weasel BXD State Com
PROPOSALS.)	Con Well Code	8. Well Number 1H
Type of Well: Oil Well Name of Operator	Gas Well Other	9. OGRID Number
EOG Y Resources, Inc.		025575
3. Address of Operator		10. Pool name or Wildcat
105 South Fourth Street, Artesia, N	M 88210	Antelope Ridge; Bone Spring, North
4. Well Location		
	200 feet from the North line and South line and	400 feet from the West line West line
Section 17	Township 23S Range 35E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3,360' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	OTHER:	E' nou hala
OTHER: 13. Describe proposed or compl	OTHER: eted operations. (Clearly state all pertinent details, an	5' new hole
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
1/27/17 – Made 5' new hole. TD 70'. Hole size 20".		
Note: 30" culvert with locking lid installed on 6/17/16.		
Sand Date: 5/31/16		
Spud Date: 3/31/10	Rig Release Date:	
I hereby certify that the information of	bove is true and complete to the best of my knowledg	re and helief
Thereby certify that the information a	bove is true and complete to the best of my knowledge	e and benef.
-1-		
SIGNATURE AND A	TITLE Assistant Regulatory Lead	DATE <u>January 31, 2017</u>
Type or print name Laura Wa	tts E-mail address: <u>laura_watts@eogresou</u>	rces.com PHONE:575-748-4272
For State Use Only		
	Accepted for Record Only	DATE
APPROVED BY: Conditions of Approval (if any):	THLE	DATE
Mistrown		
2/2/2017		
	010-10-11	