Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	ergy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283	OIL CONSERVATION DIVISION	30-025-42477
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	2015 Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VB-1881
		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION F		Calabash BWC State
PROPOSALS.)	_	8. Well Number 1H
1. Type of Well: Oil Well Gas We 2. Name of Operator	ll Other	9. OGRID Number
EOG Y Resources, Inc.		025575
3. Address of Operator 104 South Fourth Street, Artesia, NM 8821	0	10. Pool name or Wildcat
104 South Fourth Street, Artesia, NM 88210  Wildcat; Bone Spring  4. Well Location		
	feet from the North line and	660 feet from the West line
Unit Letter M 230	feet from the South line and	660 feet from the West line
	Township 21S Range 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,589' GR		
	3,307 GR	
12. Check Appropri	riate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENT	ION TO:	SECUENT DEPORT OF
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
	GE PLANS   COMMENCE DR	
PULL OR ALTER CASING   MULT	IPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	OTUED:	5) nove halo
OTHER:  13. Describe proposed or completed one	OTHER:	5' new hole  d 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.		
2/22/17 - Made 5' new hole. TD 185'. Hole size 9".		
	10045	
Note: 30" culvert with locking ring installed	on 10/2/15.	
Spud Date: 7/1/15	Rig Release Date:	
I hereby certify that the information above is	true and complete to the best of my knowledg	e and belief.
12 1. 44	_	
SIGNATURE THE METERS	TITLE Assistant Regulatory Lead	DATE <u>February 23, 2017</u>
Type or print name Laura Watts	E-mail address: <u>laura_watts@eogresou</u>	rces.com PHONE:575-748-4272_
For State Use Only		
ADDROVED BY:	Accepted for Record Only TITLE	DATE
APPROVED BY: Conditions of Approval (if any):	MARAGINA	DATE
11	MSBrown 2128/2017	
	2/28/2011	