

Submit 1 Copy To Appropriate District
Office
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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

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 |
| 2. Name of Operator EOG Y Resources, Inc. |
| 3. Address of Operator 104 South Fourth Street, Artesia, NM 88210 |
| 4. Well Location Unit Letter <u>H</u> : <u>2440</u> feet from the <u>North</u> line and <u>760</u> feet from the <u>East</u> line Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>760</u> feet from the <u>East</u> line Section <u>24</u> Township <u>21S</u> Range <u>33E</u> NMPM <u>Lea</u> County Section <u>13</u> Township <u>21S</u> Range <u>33E</u> NMPM <u>Lea</u> County |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| CASING/CEMENT JOB <input type="checkbox"/> | |
| OTHER: <input checked="" type="checkbox"/> 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.

3/13/17 – Made 5' new hole. TD 215'. 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 Assistant Regulatory Lead

DATE March 15, 2017

Type 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):

John Brown