Submit 1 Copy	To Appropriate Distric	et	State of New M	Aexico		Form	n C-103	
Office District I – (57	5) 393-6161			itural Resources		Revised July		
1625 N. French	h Dr., Hobbs, NM 8824			- 0	WELL API			
District II – (57 811 S. First St.	, Artesia, NM 88210		OIL CONSERVATION DIVISION			30-025-43584 5. Indicate Type of Lease		
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 1000 Rio Brazos Rd., Aztec, NM 87410						STATE FEE		
District IV – (505) 476-3460 Santa Fe, NM 87505					6. State Oil	6. State Oil & Gas Lease No.		
1220 S. St. Fra 87505	ncis Dr., Santa Fe, NM			WITCH	ED			
		OTICES AND REP			7. Lease Na	me or Unit Agreement	Name	
(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					Bridge	Bridge State Unit		
PROPOSALS.)					8. Well Nu	mber 602H		
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator						9. OGRID Number		
EOG Resources, Inc.					7377	7377		
3. Address of Operator						10. Pool name or Wildcat		
P.O. Box 2267 Midland, TX 79702						ake; Bone Spring		
4. Well Location Unit Letter 0 200 feet from the South Line and 2310 feet from the East Line								
	it Letter	~~		line and C Range 35E	Ie	county Lea	line	
Section 29 Township 22S Range 35E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, Show whether DR, S								
3533' GR								
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:								
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK						□ ALTERING CAS	ING 🗌	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL					ILLING OPNS.	P AND A		
PULL OR ALTER CASING 🔲 MULTIPLE COMPL 🔲 CASING/CEMENT JOB 🔽								
DOWNHOLE COMMINGLE								
OTHER:	JOP STSTEW			OTHER:				
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.								
3/7/17 Ran 133 jts 9-5/8", 40#, HCK55 LTC casing set at 5997'. DV tool at 4650'.								
1st stage: Cement lead w/ 295 sx Class C, 12.7 ppg, 2.37 CFS yield; tail w/ 300 sx Class C, 14.8 ppg, 1.37 CFS yield. Circulated 152 bbls to surface.								
2nd stage: Cement lead w/ 1395 sx Class C, 12.7 ppg, 2.37 CFS yield;								
	tail w/ 245 sx	Class C, 14.8 ppg	g, 1.37 CFS yiel	d.				
Circulate 504 bbls cement to surface. WOC 12 hrs.								
3/8/17 Tested casing to 1500 psi for 30 minutes. Test good. Resumed drilling 8-3/4" hole.								
Spud Date:	3/1/17		Rig Release	Date:				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
	AR		Pa	aulatony Analys	+	03/09/2	017	
SIGNATURE Stand of TITLE Regulatory Analyst						DATEO3/03/2	017	
Type or print name Stan Wagner () E-mail address:						PHONE: 432-686	6-3689	
For State Use Only								
APPROVED BY:								
Conditions of Approval (II ally).								