

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6164
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88203
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. 30-025-43893 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Ruby 2 State Com |
| 8. Well Number 703H |
| 9. OGRID Number 7377 |
| 10. Pool name or Wildcat Hardin Tank Wolfcamp |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3305' GR |

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|--|--|
| 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 EOG Resources, Inc. | |
| 3. Address of Operator P.O. Box 2267 Midland, TX 79702 | |
| 4. Well Location Unit Letter D : 220 feet from the North line and 1213 feet from the West line Section 2 Township 26S Range 34E NMPM County Lea | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3305' 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 checked="" 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: <input 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.

9/14/17 TD at 17561' MD.
9/15/17 Ran 5-1/2", 20#, (411 jts) ICYP-110 DQX & (2 jts) ECP-110 LTC casing set at 17551'.
9/16/17 Cement w/ 620 sx Class H, 15.6 ppg, 1.14 CFS yield.
Tested casing to 6600 psi. WOC 8 hrs. ETOC at 10956'.
9/17/17 Rig released.

Spud Date: 8/9/17 Rig Release Date: 9/17/17

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 9/18/2017
Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 07/22/15
Conditions of Approval (if any): _____