Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resour	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISIO	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Trancis Dr.	of marcate rype of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505 01 2	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	DEC	0. State Off & Gas Lease NO.
SUNDRY NOTI	CES AND REPORTS ON WELLS	VED 7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLANE BACK TO CATION FOR PERMIT" (FORM C-101) FOR SUCH	A Condor 32 State
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🗌 Other	8. Well Number 601H
2. Name of Operator		9. OGRID Number
EOG Resources, Inc.		10. Pool name or Wildcat
3. Address of Operator P.O. Box 2267 Midlar	nd. TX 79702	Hardin Tank; Bone Spring
4. Well Location		
Unit Letter:	641feet from theline a	
Section 32	Township 25S Range 34E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, C 3319' GR	GR, etc.)
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 REMEDIA	
		ICE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/C	CEMENT JOB
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	
 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. 		
11/21/17 TD at 17165' MD.		
Ran 5-1/2", 20#, (379 jts) EY HCP-110 RDT-BTX, (2 jts) ECP-110 LTC casing at 17155'.		
11/22/17 Cement w/ 555 sx Class H, 15.6 ppg, 1.22 CFS yield. WOC 12 hrs. ETOC 11600'.		
11/23/17 Released rig.		
Spud Date: 11/01/17	Rig Release Date: 11/2	3/17
I hereby certify that the information a	above is true and complete to the best of my kn	owledge and belief.
		0
SIGNATURE Stan Wa	TITLE Regulatory A	nalyst 11/27/2017
Type or print name Stan Wagne	E-mail address:	PHONE: 432-686-3689
For State Use Only ADDROVED DV Petroleum Engineer DATE DATE DATE		
APPROVED BY:	TITLE PETOICU	DATE 12/09/17
Conditions of Approval (If any):		