| Submit 1 Come To America District | | | | | |
|--|---------------------------------------|-----------------------------|--|--|--|
| Submit 1 Copy To Appropriate District State of New Mexico | | Form C-103 | | | |
| District I – (575) 393-6161 Energy, Minerals and Natural Resources | | Revised July 18, 2013 | | | |
| 1625 N. French Dr., Hobbs, NM 820 BBS OCD District II – (575) 748-1283 | | 30-025-44116 | | | |
| OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 District III = (55) 334-5178 | | 5. Indicate Type of Lease | | | |
| $\frac{District III - (505) 334-6178}{1000 \text{ Rio Brazos Rd., Aztec, NM 874JAN 16 2018} 1220 \text{ South St. Francis Dr.} Santa Fe, NM 87505$ | | STATE FEE | | | |
| $\frac{D13tffct 1V}{1220 \text{ S} \text{ St Francis Dr. Santa Fe NM}}$ | 6. State Oil & Gas Lease No. | | | | |
| 87505 | | | | | |
| SUNDRY NOTICES AND REP (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL O | 7. Lease Name or Unit Agreement Name | | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM | Condor 32 State 🖌 | | | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well | 8. Well Number 705H | | | | |
| 2. Name of Operator | 9. OGRID Number | | | | |
| EOG Resources, Inc. | 7377 | | | | |
| 3. Address of Operator P.O. Box 2267 Midland, TX 7970 | 10. Pool name or Wildcat | | | | |
| 4. Well Location | 2 | Bobcat Draw; Upper Wolfcamp | | | |
| B 220 | from the North line and 99 | 1 feet from the East line | | | |
| | nship 25S Range 34E | NMPM County Lea | | | |
| | (Show whether DR, RKB, RT, GR, etc.) | | | | |
| | 21' 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 ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A DOWNHOLE COMMINGLE OTHER: Image: CloseD-LOOP SYSTEM | | | | | |
| Spud Date: 10/27/17 | Rig Release Date: | | | | |
| I hereby certify that the information above is true and | l complete to the best of my knowledg | e and belief. | | | |
| | | | | | |
| SIGNATURE Stan Way | TITLE Regulatory Analyst | DATE 01/08/2018 | | | |
| Type or print name Stan Wagner | E-mail address: | PHONE: 432-686-3689 | | | |
| For State Use Only | | | | | |
| lah/ | Petroleur | n Engineer DATE OI /19/6 | | | |
| APPROVED BY: | TITLE | DATE 0/ // 9//8 | | | |
| Conditions of Approval (frany): | | | | | |
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