

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

Form C-103  
 Revised July 18, 2013

HOBBS OGD  
 APR 09 2018  
 RECEIVED

WELL API NO. <b>30-025-44319</b>
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 <b>Ruby 2 State Com</b>
8. Well Number <b>709H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>Hardin Tank; Bone Spring</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3297' GR</b>

**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  Gas Well  Other Monitor Well

2. Name of Operator  
**EOG Resources, Inc.**

3. Address of Operator  
**P.O. Box 2267 Midland, TX 79702**

4. Well Location  
 Unit Letter **A** : **313** feet from the **North** line and **487** feet from the **East** line  
 Section **2** Township **26S** Range **34E** NMPM County **Lea**

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

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>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"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>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 checked="" type="checkbox"/>          OTHER: <input type="checkbox"/></p>
---	---

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.

3/11/18 Resume drilling 6-3/4" hole  
 3/24/18 Ran 5-1/2", 20#. ECP-110, DWC CIS MS, (MJ @12,284')  
 3/25/18 Cement with 560 sacks Class H (15.6ppg, 1.20 yield)  
     Test casing to 5400psi - test good, did not circulate cement, ETOC @11,204'  
 3/26/18 Release rig

Spud Date: 3/3/2018

Rig Release Date: 3/26/18

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

SIGNATURE *Courtney Foster* TITLE Regulatory Analyst DATE 4/05/18

Type or print name Courtney Foster E-mail address: courtney\_foster@eogres PHONE: 432-848-9069

**For State Use Only**

APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 04/10/18

Conditions of Approval (if any):