| Submit I Copy To Appropriate District State of New Mexico | Form C-103 |
|--|--|
| Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 8840 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 State of New Mexico Minerals and Natural Resources Office Office State of New Mexico Office Offic | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 8840 1500 | WELL API NO. 30-025-44118 |
| 811 S. First St., Artesia, NM 88210 | 5. Indicate Type of Lease |
| 1625 N. French Dr., Hobbs, NM 8840 <u>District III</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1220 South St. Francis Dr. | STATE X FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 | 6. State Oil & Gas Lease No. |
| 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 on & Sas Boase No. |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | CONDOR 32 STATE |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: Oil Well Gas Well Other | 8. Well Number 707H |
| Name of Operator EOG RESOURCES INC | 9. OGRID Number 7377 |
| 3. Address of Operator PO BOX 2267 MIDLAND, TX 79702 | 10. Pool name or Wildcat BOBCAT DRAW; UPPER WOLFCAMP |
| 4. Well Location | |
| Unit Letter A : 220 feet from the NORTH line and 1061 feet from the EAST line | |
| Section 32 Township 25S Range 34E | NMPM County LEA |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc., 3321' 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 CASING ☐ | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ | |
| PULL OR ALTER CASING | |
| DOWNHOLE COMMINGLE | |
| CLOSED-LOOP SYSTEM | npletion 🗹 |
| OTHER: OTHER: Completion 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. | |
| | |
| | |
| 02/18/2018 Opened well to flowback | |
| Date of First Production | |
| 04/24/2018 Ran 2 7/8" L80 tbg and GLV's, set EOT @ 12,417', put | well back on production |
| | |
| | |
| | |
| | |
| | |
| Spud Date: 10/31/2017 Rig Release Date: 12/28 | /2017 |
| | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| . / | |
| SIGNATURE YAM MADDIA TITLE Regulatory Analyst DATE 04/27/2018 | |
| | |
| Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658 For State Use Only // | |
| $-\Delta t + M$ | |
| APPROVED BY: Well Drug TITLE Haff Ng DATE 4-30-18 Conditions of Approval (if any): | |