

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 87401  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OCD**  
**MAY 21 2018**  
**RECEIVED**

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

WELL API NO. <b>30-025-44567</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>Gem 36 State Com</b>
8. Well Number <b>601H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat *WC-025 G-08 S253235G; Lower Bone Spring

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 <b>EOG Resources, Inc.</b>	
3. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>	
4. Well Location Unit Letter <b>M</b> : <b>330</b> feet from the <b>South</b> line and <b>294</b> feet from the <b>West</b> line Section <b>36</b> Township <b>25S</b> Range <b>32E</b> NMPM County <b>Lea</b>	11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3341' GR</b>

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 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 checked="" 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.

5/14/18 TD at 16803' MD.  
5/15/18 Ran 5-1/2", 20#, ECP-110 DWC CIS MS (0'-16789')  
5/16/18 Cement w/ 550 sx Class H, 14.5 ppg, 1.26 CFS yield.  
ETOC at 10506' LP. CBL to be run during completion.  
Good casing test to 5000 psi.  
5/17/18 Rig released.

Spud Date:

3/28/18

Rig Release Date:

5/17/18

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 5/17/18  
Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689  
**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 05/23/18  
Conditions of Approval (if any): \_\_\_\_\_