Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION TO BE S	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 8750 AY 292	CTATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	54114 10,1111 0,000	6. State Off & Gas Lease No.
SUNDRY NOT	TICES AND REPORTS ON WELLS	. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPL	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Hemlock 32 State
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other	8. Well Number 702H
2. Name of Operator EOG Resources, Inc		9. OGRID Number 7377
3. Address of Operator P.O. Box 2267 Midla		10. Pool name or Wildcat WC-025 G-09 S243310P; Upper Wolfcamp
4. Well Location	364 South 6	Mest
Unit Letter	teet from the line and	feet from theline
Section 32	11. Elevation (Show whether DR, RKB, RT, GR, e	NMPM County Lea
	3660' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF I	NTENTION TO: SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐	PLUG AND ABANDON REMEDIAL WO	ORK ☐ ALTERING CASING ☐ DRILLING OPNS. ■ P AND A ☐
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	□ OTHER:	
	pleted operations. (Clearly state all pertinent details, ork). SEE RULE 19.15.7.14 NMAC. For Multiple (	
proposed completion or re		
5/16/18 Spud 17-1/2" h	iole. 4.5#, J55 STC casing set at 1373'.	
Cement lead w	// 1140 sx Class C, 13.5 ppg, 1.76 CFS yield;	
tail w/ 200 sx 0	Class C, 14.8 ppg, 1.36 CFS yield. sx cement to surface. Tested casing to 1500 ps	
5/18/18 Resumed drilling	ng 12-1/4" hole.	DI
Spud Date: 5/16/18	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowle	dge and belief.
A// 1	TITLE Regulatory Analy	vst 5/21/2018
SIGNATURE COMMENT	TITLE	DATE
Type or print name  Stan Wagne	E-mail address:	PHONE: 432-686-3689
For State Use Only	At 11 M	10
APPROVED BY: Conditions of Approval (if any):	Tharp TITLE Duff Mgr	DATE 4-6-18
Conditions of Approval (II ally).	• ""	