| oco | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 5814 B. | Form C-103 Revised July 18, 2013 |
| | WICH API NO. |
| District II ~ (575) 748-1283 8(11 S. First St., Artesia, NM 88210 District III ~ (505) 334-6178 (1220 South St. Francis Dr. | 30-025-44258 5. Indicate Type of Lease |
| | STATE X FEE |
| District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NRECENED 87505 | 6. State Oil & Gas Lease No. |
| 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.) | Lease Name or Unit Agreement Name CONVOY 28 STATE COM |
| 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other | 8. Well Number 704H |
| 2. Name of Operator EOG RESOURCES INC | 9. OGRID Number 7377 |
| 3. Address of Operator | 10. Pool name or Wildcat |
| PO BOX 2267 MIDLAND, TX 79702 | WC025 G09 S243336I; UPPER WOLFCAMP |
| 4. Well Location Unit Letter B 538' feet from the NORTH line and 1635' feet from the EAST line | |
| Section 28 Township 24S Range 33E | NMPM County LEA |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3526' GR | |
| 3520 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 MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB | |
| CLOSED-LOOP SYSTEM | npletion 🗹 |
| 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. | |
| 04/04/2018Rig released04/08/2018MIRU prep to frac -Test void to 5000 psi, seals & flanges to 8500 psi04/25/2018Begin perf & frac05/07/2018Finish 42 stages perf & frac, 12,796-22,384 2016 3 1/8" shots, 24,155,401 lbs proppant + 337,718 bbls load fluid05/08/2018Drilled out plugs and clean out wellbore | |
| 05/15/2018 Opened well to flowback | |
| Date of First Production | |
| | |
| Spud Date: 01/05/2018 Rig Release Date: 04/04 | /2018 |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| | |
| SIGNATURE KIM Muddor TITLE Regulatory Analyst | DATE 05/25/2018 |
| Type or print name Kay Maddox E-mail address: kay_maddox@eo | gresources.com PHONE: 432-686-3658 |
| APPROVED BY: Duren Charp TITLE Staff Mgr DATE 6-6-18 Conditions of Approval (if any): | |