| Submit 1 Copy To Appropriate Office   | State of New Mexico  |  |                           | Form C-103   |                        |              |  |
|---|--|--|---------------------------|--|------------------------|--------------|--|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, I  |  | Energy, Minerals and Natural Resources |                           | Revised July 18, 2013 WELL API NO.                       |                        |              |  |
| District II - (575) 748-1283  |  |  | CARISION                  | 30-025-44839   |                        |              |  |
| 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178  1220 South Francis Dr.  |  |  | 5. Indicate Type of Lease |  |                        |              |  |
| 1000 Rio Brazos Rd., Aztec, NM 8/410  |  |  |                           | STATE S FEE A  |                        |              |  |
| District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505  |  |  |                           |  |                        |              |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |  |                           | 7. Lease Name or Unit Agreement Name                     |                        |              |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP LUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMS-101) FOR SUCH  |  |  |                           | Osprey 10  |                        |              |  |
| PROPOSALS.)   |  |  |                           |  | 8. Well Number<br>301H |              |  |
| 1. Type of Well: Oil Well Gas Well Other  2. Name of Operator   |  |  |                           | 9. OGRID Number  |                        |              |  |
| EOG Resources, Inc.   |  |  |                           | 7377   |                        |              |  |
| 3. Address of Operator P.O. Box 2267 Midland, TX 79702  |  |  |                           | 10. Pool name or Wildcat<br>Red Hills; Bone Spring, East |                        |              |  |
| 4. Well Location  |  |  |                           | Red Hills, Bo  | one Spring, East       |              |  |
| Unit Letter M   | 1 : <u>208</u> feet f  | rom the Sout                           | h line and                | 14 feet  | from theWest           | line         |  |
| Section   | 10 Town  |  | inge 34E                  | NMPM   | Lea County             | _            |  |
| PROPERTY OF A   | 11. Elevation  | on (Show whether DR                    |                           |  |                        |              |  |
| 3333'GR   |  |  |                           |  |                        |              |  |
| 12  | . Check Appropriate  | Box to Indicate N                      | Vature of Notice,         | Report or Ot   | her Data               |              |  |
|   | • • •  |  | ,                         | •  | REPORT OF:             |              |  |
| NOTICE OF INTENTION TO: SUBSPERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |  |  |                           |  | ALTERING CA            | SING []      |  |
| TEMPORARILY ABANDON   |  |  |                           |  |                        |              |  |
| PULL OR ALTER CASI  |  | COMPL                                  | CASING/CEMEN              | гјов 🛭   | ₫                      |              |  |
| DOWNHOLE COMMING CLOSED-LOOP SYSTE  |  |  |                           |  |                        |              |  |
| OTHER:  | .ivi 🔲   |  | OTHER:                    |  |                        |              |  |
| of starting any p   | ed or completed operation roposed work). SEE RU etion or recompletion. |  |                           |  |                        |              |  |
| proposed completion of recompletion.  |  |  |                           |  |                        |              |  |
| 7/10/18 Reached TD 17   |  | to 17 705' (MI at 05                   | 40') (Aimlant of 06       | 157)   |                        |              |  |
| Ran 5-1/2", 20#, ICYP-110, Geoconn TS to 17,785' (MJ at 9548'), (Airlock at 9615').  Cemented with 305 sx Class C, 10.8 ppg, 2.78 yld; 405 sx Class C, 11.5 ppg, 2.16 yld; 2145 sx Class H, 14.8 ppg, 1.18 yld. |  |  |                           |  |                        |              |  |
|   | 5000 psi, good. Cement   |  |                           | <b>,</b> ,   | , - ·· FF6, -·-        |              |  |
| 7/12/18 Rig released.   |  |  |                           | •  |                        |              |  |
| 7/12/10 Rig released.   |  |  |                           |  |                        |              |  |
| Report actual TOC w/completion  |  |  |                           |  |                        |              |  |
| napor r daradi . e e m e empresa.   |  |  |                           |  |                        |              |  |
|   |  |  |                           |  |                        |              |  |
|   |  |  |                           |  |                        |              |  |
| Spud Date:  | 6/21/18  | Rig Release D                          | ate:                      | 7/12/18  |                        |              |  |
| Spud Date.  |  | Kig Kelease Di                         | atc.                      |  |                        |              |  |
|   |  |  |                           |  |                        |              |  |
| I hereby certify that the in  | nformation above is true a   | and complete to the b                  | est of my knowledge       | e and belief.  |                        | <del>.</del> |  |
| ٠ ٨ ،   | 1 1  |  |                           |  |                        |              |  |
| SIGNATURE ( )   | wherter  | TITLE <u>Re</u>                        | egulatory Specialist      | DATEJı   | uly 13, 2018           |              |  |
| Type or print name  | Tina Huerta  | E-mail address: ti                     | na huerta@eogreso         | urces.com  | PHONE: <u>575-74</u>   | 8-4168       |  |
| For State Use Only  |  |  |                           |  |                        |              |  |
| APPROVED BY:  | rom) Shan.   |  | all Mar                   |  | DATE 7-18-1            | 8            |  |
| Conditions of Approval  | if any):   |  | -10 /1-g/                 |  | DAIL P. O. I           | <u></u>      |  |