Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283	BS@@DNSERVATION DIVISION	30-025-44904
		5. Indicate Type of Lease STATE FEE
` /	2 3 2018 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	Name of the Alexander	
SUNDRY NOTE	AND UPPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC.	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	Condor 32 State
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number 712Y
2. Name of Operator		9. OGRID Number
EOG Resources, Inc. 3. Address of Operator		7377 10. Pool name or Wildcat
P.O. Box 2267 Midlan	d, TX 79702	Bobcat Draw; Upper Wolfcamp
4. Well Location N 3	25 South 25	597 West
Unit Letter:_	feet from the line and	feet from theline
Section 32	Township 25S Range 34E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
	3340' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INT	TENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORÀRILY ABANDON	PLUG AND ABANDON REMEDIAL WOR CHANGE PLANS COMMENCE DR	RK
TEMPORARILY ABANDON L	CHANGE PLANS COMMENCE DR MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	_	
CLOSED-LOOP SYSTEM OTHER:	□ OTHER:	П
	eted operations. (Clearly state all pertinent details, an	d 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.		
7/11/18 TD at 20294' MD.		
7/12/18 Ran 5-1/2", 20#, ICYP-110 Geoconn TS (0'-20284') 7/14/18 Cement w/ 905 sx Class H, 15.6 ppg, 1.25 CFS yield.		
Tested casing to 6700 psi. ETOC at 10011' LP.		
7/15/18 Rig released.		
	/	
-		
Spud Date: 6/21/18	Rig Release Date: 7/15/18	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Af 1)	TITLE Regulatory Analys	t 7/18/2018
SIGNATURE Star W	TITLE Regulatory Arialys	DATE
Type or print name Stan Wagner	E-mail address:	PHONE: 432-686-3689
For State Use Only		
APPROVED BY: JAVEN JAVEN TITLE NAME MAY DATE 1-23-18		
Conditions of Approval (if any):		