

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 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

**HOBBS OCD**  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

**RECEIVED**

Form C-103  
Revised July 18, 2013

WELL API NO. <b>30-025-44624</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>Dragon 36 State</b>
8. Well Number <b>301H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>Red Hills; Lower Bone Spring</b>

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	
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>P</b> : <b>710</b> feet from the <b>South</b> line and <b>673</b> feet from the <b>East</b> line Section <b>36</b> Township <b>24S</b> Range <b>33E</b> NMPM County <b>Lea</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3486 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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input checked="" 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.

8/4/18 Spud 17-1/2" hole  
8/6/18 Run 13-3/8", 54.5#, J55, STC (0'-1285')  
Cement lead 1000 sx, 13.5 ppg, 1.76 yld  
Tail 200 sx, 14.8 ppg, 1.36 yld  
Circulate 478 sx to surface  
Test to 1500 psi/30 min - good test  
Release preset rig.

Spud Date:

8/4/18

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Renee' Jarratt TITLE Regulatory Assistant DATE 08/13/18

Type or print name Renee' Jarratt E-mail address: \_\_\_\_\_ PHONE: 432-686-3644

**For State Use Only**

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 8-17-18  
Conditions of Approval (if any): \_\_\_\_\_