

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

Form C-103

Revised July 18, 2013

WELL API NO.

30-025-44343

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

HEMLOCK 32 STATE

8. Well Number 701H

9. OGRID Number 7377

10. Pool name or Wildcat
WC025 G09 S243310P; UPPER WOLFCAMP

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 ☒ Gas Well ☐ Other

2. Name of Operator
EOG RESOURCES INC

3. Address of Operator
PO BOX 2267 MIDLAND, TX 79702

4. Well Location

Unit Letter M : 364' feet from the SOUTH line and 627' feet from the WEST line
Section 32 Township 23S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3660' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: TUBING ☒

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.

10/19/2018 RAN 2 7/8" L-80 TUBING AND GAS LIFT VALVES. SET TUBING @ 12,509'.
PUT WELL BACK ON PRODUCTION

Spud Date:

05/15/2018

Rig Release Date:

07/01/2018

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

SIGNATURE Kay Maddox TITLE Regulatory Analyst DATE 02/13/2019

Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658

For State Use Only

APPROVED BY: Gaken Sharp TITLE Staff Mgr DATE 02/20/19
Conditions of Approval (if any):