

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

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

NOBB'S OIL  
RECEIVED  
MAR 28 2019

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-45526</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>EOG RESOURCES</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P O BOX 2267, MIDLAND TX 79702</b>		7. Lease Name or Unit Agreement Name <b>GEM 36 STATE COM</b>
4. Well Location Unit Letter <b>B</b> <b>324</b> feet from the <b>NORTH</b> line and <b>1670</b> feet from the <b>EAST</b> line Section <b>36</b> Township <b>25S</b> Range <b>32E</b> NMPM County <b>LEA</b>		8. Well Number <b>102H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3426 GL</b>		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat [97838] JENNINGS; UPPER BONE SPRING SHALE

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 checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: DRILL CSG <input checked="" 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.

03/20/19 SPUD 12-1/4" HOLE  
03/20/19 Surface Casing @ 1,003'  
Ran 13-3/8" 54.5# J-55 STC  
Lead Cement w/ 760 sx Class C (1.76 yld, 13.5 ppg), Tail w/200 sx Class C (1.36 yld, 14.8 ppg)  
Test casing to 1,500 psi for 30 min - Good Circ 383 sx cement to surface Resume Drilling 8-3/4" hole

03/24/19 8-3/4" hole  
1st Intermediate Casing @ 4,753'  
Ran 9-5/8" 40# J-55 LTC (0' - 3,736')  
Ran 9 5/8" 40# HCK-55 LTC (3,736' - 4,753')  
Lead Cement w/ 1,325 sx Class C (1.94 yld, 12.7 ppg), tail w/325 sx Class C (1.38 yld, 14.8 ppg)  
Test casing to 2,000 psi for 30 min - Good Circ 628 sx cement to surface Resume Drilling 6-3/4" hole

Spud Date:

03/20/19

Rig Release Date:

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

SIGNATURE

TITLE Sr. Regulatory Administrator

DATE 03/25/19

Type or print name Emily Follis

E-mail address: emily\_follis@eogresources.com

PHONE: 432-848-9163

For State Use Only

APPROVED BY:

TITLE

DATE

04/04/19

Conditions of Approval (if any):