

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

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

Form C-103
Revised July 18, 2013

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| 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 PROPOSALS.) | | WELL API NO. 30-025-45143 |
| 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 EOG RESOURCES INC | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator PO BOX 2267 MIDLAND, TX 79702 | | 7. Lease Name or Unit Agreement Name HEARTTHROB 17 STATE (319771) |
| 4. Well Location Unit Letter P : 523' feet from the SOUTH line and 790' feet from the EAST line Section 17 Township 24S Range 33E NMPM County LEA | | 8. Well Number 708H |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3568' GR | | 9. OGRID Number 7377 |
| | | 10. Pool name or Wildcat WC025 G09 S243310P; UPPER WOLFCAMP |

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 type="checkbox"/> | | OTHER: Completion <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.

EOG respectfully requests the name of this well be amended and COM be added -
Heartthrob 17 State Com # 708H. The property number will change to (324918) eff 1-29-19

Spud Date:

11/20/2018

Rig Release Date:

12/10/2018

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 04/11/2019

Type or print name Kay Maddox

E-mail address: kay_maddox@eogresources.com

PHONE: 432-686-3658

For State Use Only

APPROVED BY:

Karen Sharp

TITLE

Staff Mgr

DATE

4-11-19

Conditions of Approval (if any):