

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 88203  
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  
CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<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. 30-025-45628
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		6. State Oil & Gas Lease No.
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name HEARNS 34 STATE COM
4. Well Location Unit Letter <u>N</u> : <u>852</u> feet from the <u>SOUTH</u> line and <u>1777</u> feet from the <u>west</u> line Section <u>34</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number 503H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 34589 GL		9. OGRID Number 7377
		10. Pool name or Wildcat [96682] TRISTE DRAW; BONE SPRING

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"/>		OTHER: DRILL CSG <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <input 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.

05/09/19 8-3/4" hole  
05/09/19 Production Casing @ 21,058' MD, 10,799' TVD  
Ran 5-1/2", 20#, ICYP-110, Geoconn (MJ @ 10,272') (MJ @ 10,265' and 20,629') (Airlock @ 10,331')  
Lead Cement w/ 640 sx Class H (3.38 yld, 10.8 ppg), Trail w/ 2,460 sx Class H (1.25 yld, 14.5 ppg)  
Test casing to 5,000 psi for 15 min - Good Did not circ cement to surface, TOC @ 7,675' by CBL  
RR Completion to follow

Spud Date:

04/05/19

Rig Release Date:

05/11/19

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

SIGNATURE

*Emily Follis*

TITLE Sr. Regulatory Administrator

DATE 05/20/19

Type or print name Emily Follis

E-mail address: emily\_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

DATE

05/29/19

Conditions of Approval (if any):