

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

HOBBS OGD

FEB 16 2017

RECEIVED

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

WELL API NO. 30-025-31644
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-134
7. Lease Name or Unit Agreement Name Kiwi SWD
8. Well Number 5
9. OGRID Number 025575
10. Pool name or Wildcat SWD; Delaware

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 SWD

2. Name of Operator
EOG Y Resources, Inc.

3. Address of Operator
104 South Fourth Street, Artesia, NM 88210

4. Well Location
 Unit Letter J : 1980 feet from the South line and 1650 feet from the East line
 Section 16 Township 22S Range 32E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,728' GR

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 checked="" 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: <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.

2/1/17 - NU BOP. Released packer. POOH with packer, tubing and production equipment. Found one bad joint and replaced it. RIH with packer, tubing and production equipment. ND BOP.
 2/2/17 - Reverse circulate 100 bbls of packer fluid. Tested casing to 500 psi for 30 minutes, good. Turn well over to production. AS1 packer and 2-7/8" 6.5# J-55 tubing set at 5,538'.

Copy of chart attached

*EDG
 Contacted 2/16/2017
 Will re-test
 WITH NOTICE
 MWS.*

** NO 24 hr NOTICE
 PRIOR TO CHART
 TEST.*

** NO C103
 INTENT SUBMITTED.*

Spud Date:

Rig Release Date:

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

SIGNATURE Laura Watts TITLE Assistant Regulatory Lead DATE February 14, 2017

Type or print name Laura Watts E-mail address: laura_watts@eogresources.com PHONE: 575-748-4272

APPROVED BY: Maley Brown TITLE AO/II DATE 2/16/2017

Conditions of Approval (if any):

6 MEOG 4 Resources 8
KIWI 6WD H 5
Wellip # 185 485 3099
API # 2002 531644000

NOON

PRINTED IN U.S.A.



CHART NO. MC MP-1000

METER _____
M _____
M _____
M _____

LOCATION _____
REMARKS _____

2/2/2011

6 PM

MIDNIGHT