

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

WELL API NO. 30-015-26670
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Clifford ADD
8. Well Number 2
9. OGRID Number 7377
10. Pool name or Wildcat Dagger Draw; Wolfcamp, Gas

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
104 South Fourth Street, Artesia NM 88210

4. Well Location
 Unit Letter I : 1980 feet from the South line and 660 feet from the East line
 Section 35 Township 19S Range 24E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3652'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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: Plugback, recomple and acidize <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.

1/17/19 – MIRU and pumped 16 bbls 2% KCL with O2 scavenger and biocide down tubing. Well loaded up. NU BOP. Loaded with 9 bbls 2% KCL with O2 scavenger and biocide. Released packer and POOH with packer and tubing. Set a CIBP at 7162'. Loaded casing with 18 bbls 2% KCL O2 scavenger and biocide. Tested to 1000 psi for 30 min, good. Bled well down. Dumped bail 2 runs of Class "H" cement on top of CIBP to 7127' approximate TOC.
 1/19/19 – Tagged TOC at 7134'. Perforated Wolfcamp 5518'-5524' (42). Set 7" ASI packer and 2-7/8" tubing at 5464'. Loaded 7" casing with 1/2 bbl 2% KCL O2 scavenger and biocide. Tested to 1000 psi for 30 min, good.
 1/21/19 – Acidized Wolfcamp with 5000g 20% NEFE acid.

RECEIVED

FEB 06 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

ENTERED
 2-6-19

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

SIGNATURE Tina Huerta TITLE Regulatory Specialist DATE February 5, 2019

Type or print name Tina Huerta E-mail address: tina_huerta@eogresources.com PHONE: 575-748-4168
For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 2/6/19
 Conditions of Approval (if any):