

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
HOBBS OCD
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
RECEIVED
 MAR 06 2017

Form C-103
 Revised July 18, 2013

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.)		WELL API NO. 30-025-43586
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 P.O. Box 2267 Midland, TX 79702		7. Lease Name or Unit Agreement Name Speedy 16 State Com
4. Well Location Unit Letter D : 173 feet from the North line and 332 feet from the West line Section 16 Township 22S Range 33E NMPM County Lea		8. Well Number 201H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3582' GR		9. OGRID Number 7377
10. Pool name or Wildcat Red Tank; Bone Spring, East		

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: _____		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.

2/24/17 Ran 110 jts 9-5/8", 40#, (55) J55 & (55) HCK 55 LTC casing set at 4790'.
 Cement lead w/ 910 sx Class C, 12.7 ppg, 2.37 CFS yield;
 tail w/ 455 sx Class C, 14.8 ppg, 1.37 CFS yield.
 Circulated 40 bbls cement to surface. WOC 8 hrs.
 2/25/17 Tested casing to 2000 psi for 30 minutes. Tests good.
 Resumed drilling 6-3/4" hole.

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  TITLE Regulatory Analyst DATE 2/27/2017

Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689
For State Use Only

APPROVED BY:  TITLE _____ DATE 03/13/17
 Conditions of Approval (if any): _____