

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 AND GAS CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

HOBBES OGD  
 RECEIVED  
 MAR 25 2019

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		WELL API NO. <b>30-025-45271</b>
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 <b>EOG RESOURCES</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P O BOX 2267, MIDLAND TX 79702</b>		7. Lease Name or Unit Agreement Name <b>YARROW 32 STATE</b>
4. Well Location Unit Letter <b>O</b> : <b>393</b> feet from the <b>SOUTH</b> line and <b>1700</b> feet from the <b>EAST</b> line Section <b>32</b> Township <b>23S</b> Range <b>33E</b> NMPM County <b>LEA</b>		8. Well Number <b>703H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3672' GL</b>		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat <b>[98135]WC-025 G-09 S243310P; UPPER WC</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

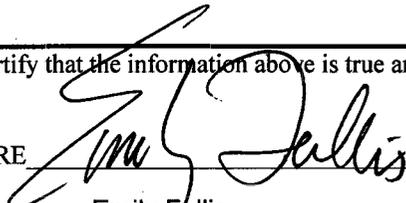
<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>          TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>          PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>          DOWNHOLE COMMINGLE <input type="checkbox"/>          CLOSED-LOOP SYSTEM <input type="checkbox"/>          OTHER: <input type="checkbox"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/>          CASING/CEMENT JOB <input checked="" type="checkbox"/>          OTHER: DRILL CSG <input checked="" type="checkbox"/></p>
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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.

03/15/19 12-1/4" HOLE  
 03/16/19 Surface Casing @ 1,437'  
 Ran 9-5/8" 40# J-55 LTC  
 Lead Cement w/ 1,290 sx Class C (1.76 yld, 13.5 ppg), tail w/200 sx Class C (1.36 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min - Good Circ 638 sx cement to surface Resume Drilling 8-3/4" hole

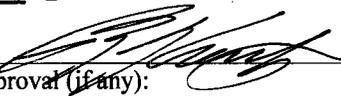
Spud Date: 03/15/19      Rig Release Date:

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

SIGNATURE  TITLE Sr. Regulatory Administrator DATE 03/20/19

Type or print name Emily Follis E-mail address: emily\_follis@eogresources.com PHONE: 432-848-9163

**For State Use Only**

APPROVED BY:  TITLE Petroleum Engineer DATE 03/25/19

Conditions of Approval (if any):