Office	To Appropriate Distr	L.	State of New Mexico			Form C-103 Revised July 18, 2013				
District I – (575) 393-6161  1625 N. French Dr., Hobbs, NM 88240  ARTESIA DISTRICT					WELL API NO.					
	District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410  ARTESIA DISTRICT OIL CONSERVATION DIVISION DE 1225 Solith St. Francis Dr.					30-015-42223 5. Indicate Type of Lease				
						STATE STEE				
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505  Santa Fe, NM 87505  RECEIVED					6. State Oil & Gas Lease No. E-10167					
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						7. Lease Name or Unit Agreement Name Boyd X State Com				
						8. Well Number 15H				
2. Name of Operator						9. OGRID Number				
EOG Resources, Inc.						1				
3. Address of Operator 104 South Fourth Street, Artesia, NM 88210						10. Pool name or Wildcat N. Seven Rivers; Glorieta-Yeso				
4. Well Loc										
Unit Let Unit Let	ter <u>E</u> :	1935 feet from feet from 1935			15 307	feet from the feet from the	West East	line line		
Section	16				NMPM	Eddy	County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,517' GR						100 mm				
3,011 OIL										
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data										
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:										
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK										
TEMPORARILY ABANDON					<del></del> -					
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB										
DOWNHOLE COMMINGLE   CLOSED LOOP SYSTEM										
CLOSED-LOOP SYSTEM										
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.										
• •	•	·								
		10 bbls 10# brine. NU				1-1 1- 20/ RCL -		1		
		d down casing. Pump				DDIS 2% KCL V	vith biocide	and		
scavenger down casing. TOOH with tubing. Pumped 50 bbls 2% KCL with biocide and scavenger. 11/4/17 – Opened up well. Had 50 psi in casing. Bled down – all gas. Set 3-1/2" x 2-7/8" J-55 tubing at 2104'. ND BOP.										
11/6/17 - Turned well over to production.										
	<del></del>									
Spud Date:	3	3/3/17	Rig Release Da	te:	4/17/17					
71 1	<u> </u>		1 1 1 1 1	, C 1 1 1	11 1'	C				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.										
SIGNATURE	Chal	werter	TITLERe	egulatory Specialist		DATE Dece	ember 12, 20	<u> </u>		
Type or print	name Tine	HuertaE	mail addrage ting	huerta@eogresour	rces com	PHONE∙	575-748-4	168		
Type or print For State Use		i i i i i i i i i i i i i i i i i i i	-man address: <u>tilla</u>	nucria@eogresom	ccs.com	IHONE	313 <u>-</u> 140 <u>-4</u>	100		
		o ple	THE 54-1	7		DATE:	15 -1-	., つ		
APPROVED Conditions of	Approval (if any)		<u>a</u> 1111.4//4/(	r13-		DATE	2-15	7		