

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

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. <b>30-015-26476</b>
2. Name of Operator <b>EOG M Resources Inc.</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>105 South Fourth St, Artesia, NM 88210</b>		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <b>L</b> : <b>1980</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>West</b> line Section <b>11</b> Township <b>19S</b> Range <b>29E</b> NMPM County <b>Eddy</b>		7. Lease Name or Unit Agreement Name <b>Sand Dune State</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3388' GR</b>		8. Well Number <b>6</b>
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number <b>15445</b>
NOTICE OF INTENTION TO: 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"/>		10. Pool name or Wildcat <b>Turkey Track 7 Rvrs Qn GB SA</b>
SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <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.		

5/04/18—Notify OCD of move in.

5/07/18—Set 5½ CIBP @ 2235' dump bail 4 sxs on top, set 5½ CIBP @ 1605'.

5/08/18—Circ well w/ MLF cap BP w/ 60 sxs CTOC @ 1000' Tag @ 985', perf @ 433' pressure up OCD ok'd to pump 55 sxs from 483' to surface verified RDMO.

RECEIVED

MAY 21 2018

Spud Date:

Rig Release Date:

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE  TITLE Agent DATE 5/14/18

Type or print name Chris Romero E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_  
**For State Use Only**

APPROVED BY:  TITLE STAFF Mgr DATE 5-22-18  
 Conditions of Approval (if any): \_\_\_\_\_