Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	000	WELL API NO. 30-025-44255
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. 108	STATE X FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM	State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 South St. Francis Dr. Santa Fe, NM \$2505	
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A "LICATION FOR PERMIT" (FORM C-101) FOR SUCH	CONVOY 28 STATE COM
PROPOSALS.)		8. Well Number 701H
1. Type of Well: Oil Well	Gas Well Other	70111
2. Name of Operator EO	RESOURCES INC	9. OGRID Number 7377
3. Address of Operator	IOV 2007 MIDI AND TV 70700	10. Pool name or Wildcat
4. Well Location	OX 2267 MIDLAND, TX 79702	WC025 G09 S243336I; UPPER WOLFCAMP
Unit Letter A : 605' feet from the NORTH line and 690' feet from the EAST line		
Section 28	Township 24S Range 33E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3521' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF PERFORM REMEDIAL WORK	I	SEQUENT REPORT OF: K □ ALTERING CASING □
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
	☐ MULTIPLE COMPL ☐ CASING/CEMENT	
DOWNHOLE COMMINGLE		
		<del></del>
OTHER:	OTHER: Com	pletion <u>M</u>
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.		
8/2/2018 RIH w/GLV's and 2 7/8" TBG, set @ 12,219', back on prod		
· ·		
40/00/004	7 00/40	(0040
Spud Date: 12/28/201	7 Rig Release Date: 03/13	/2018
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
CHONGE San 10	TITLE Regulatory Analyst	DATE 11/21/2018
SIGNATURE YOU THE Regulatory Analyst DATE 11/21/2018		
Type or print name Kay Mad	dox E-mail address: kay_maddox@eo	green es.com PHONE: 432-686-3658
For State Use Only		
APPROVED BY:	TITLE Petroleum Engi	ineer DATE 11/25/18
Conditions of Approval (if any):		