

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.)		WELL API NO. 30-015-41754
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 Y Resources, Inc.		6. State Oil & Gas Lease No. VO-3301-1
3. Address of Operator 104 South Fourth Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Savannah State Com
4. Well Location Unit Letter <u>H</u> : <u>2260</u> feet from the <u>North</u> line and <u>150</u> feet from the <u>East</u> line Unit Letter <u>E</u> : <u>2261</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>West</u> line Section <u>32</u> Township <u>19S</u> Range <u>25E</u> NMPM <u>Eddy</u> County		8. Well Number 3H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3490' GR		9. OGRID Number 025575
10. Pool name or Wildcat North Seven Rivers; Glorieta-Yeso		

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

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"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

3/1/17 – ND wellhead and NU BOP.
 3/2/17 – Plan to clean out hole. Pumped 100 bbls 2% KCL thru quadra jet.
 3/3-5/17 – Pressure tested lines to 5000 psi. Loaded tubing with 13 bbls 2% KCL. Pressured up to 5000 psi. Swabbed well down to 2500'. Pumped 30 bbls 2% KCL thru control valve at 3 BPM @ 3200 psi. Spotted 500g 15% NEFE HCL acid at 6321'. Displaced tubing with KCL. Spotted 500g 15% NEFE HCL at 5472'. Spotted 500g 15% NEFE HCL acid at 3975'. Displaced tubing with 25 bbls 2% KCL. Pumped 200 bbls 2% KCL Biocide at 3 BPM.
 3/7/17 - RIH with 2-7/8" J-55 tubing to 2037'. Loaded tubing with 5 bbls 2% KCL. Pressure tested to 500 psi for 5 min, held good. Turned well over to production.

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 Tina Huerta TITLE Regulatory Specialist DATE March 21, 2017

Type or print name Tina Huerta E-mail address: tina_huerta@eogresources.com PHONE: 575-748-4168
For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 3-24-17
 Conditions of Approval (if any):