| Office  | State of New Mexico       |                 | Form C-103   |  |
|---|---------------------------|-----------------|--|--|
| 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  District III – (505) 334-6178  MAY 0 12018 outh St. Francis Dr. |                           | sources         | Revised July 18, 2013 WELL API NO.   |  |
|   |                           |                 | 30-015-273   | 338  |
|   |                           |                 | 5. Indicate Type of Lease  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV – (505) 476-3460 Santa Fe, NM 87505   |                           |                 | STATE State Oil & Gas Lease  | FEE L  |
| 1220 S. St. Francis Dr., Santa Fe, NM <b>DISTRICT II-ARTESIA O.C.D.</b> 87505   |                           |                 | o. State on & Gas Lease  | 110.   |
| SUNDRY NOTICES AND REPORTS ON WELLS   |                           |                 | 7. Lease Name or Unit Agreement Name   |  |
| (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   |                           |                 | Continental A State  |  |
| PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other   |                           |                 | 8. Well Number   |  |
|   |                           |                 | 15   |  |
| 2. Name of Operator  EOG M Resources Inc.   |                           |                 | 9. OGRID Number<br>15445   |  |
| 3. Address of Operator  |                           |                 | 10. Pool name or Wildcat   |  |
| 105 South Fourth St, Artesia, NM 88210  |                           |                 | Turkey Track 7 Rvrs Qn GB SA   |  |
| 4. Well Location  |                           |                 |  | a treatment  |
|   | theNorth line an          |                 | feet from theEast  | line   |
| Section 16 Township 19S Range 29E NMPM County Eddy  |                           |                 |  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3362' GL   |                           |                 |  |  |
|   |                           |                 |  | 12/12/2012 1   |
| 12. Check Appropriate Bo  | ox to Indicate Nature     | of Notice, R    | eport or Other Data  |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |                           |                 |  |  |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING  |                           |                 |  |  |
| TEMPORARILY ABANDON   |                           |                 | The state of the s | the latter of the second secon |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   |                           |                 |  |  |
| DOWNHOLE COMMINGLE  |                           |                 |  |  |
| CLOSED-LOOP SYSTEM  OTHER:  | □ OTHE                    | p.              |  |  |
| 13. Describe proposed or completed operations.  |                           |                 | give pertinent dates, includ   | ling 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.  |                           |                 |  |  |
|   |                           |                 |  |  |
| 4/20/18—Notify OCD of move in.  |                           |                 |  |  |
| 4/20/16—Nothly OCD of move in.  |                           |                 |  |  |
| 4/23/18—Set 5½ CIBP @ 2085' dump bail 4 sxs on 960'.  | top CTOC @ 2065', set     | 5½ CIBP @       | 1477' cap w/ 55 sxs CTO  | C @ 983' Tag @   |
| 4/24/18—Perf @ 345' press up OCD ok'd to pump   | 45 sys from 400' to surf  | face verified E | PDMO   |  |
| 4/24/16—Terr to 543 press up OCD ok a to pump   | 45 888 110111 400 10 8011 | ace verified r  | ADMO.  |  |
|   |                           |                 |  |  |
|   |                           |                 |  |  |
|   |                           |                 |  |  |
| Spud Date:  | Rig Release Date:         |                 |  |  |
|   |                           |                 |  |  |
| XI I I I I I I I I I I I I I I I I I I  |                           |                 |  |  |
| I hereby certify that the information above is true and   | complete to the best of m | y knowledge a   | and belief.  |  |
| 21.0  |                           |                 |  |  |
| SIGNATURE ( )   | TITLE                     | Agent           | DATE_  | 4/30/18  |
| Type or print name Chris Romero   |                           |                 | PHONE:   |  |
| For State Use Only  | L-man address.            |                 | THUNE.   | 1,1  |
| William St Mrs. Children Commission Commission  | -11                       |                 |  |  |
| APPROVED BY: Conditions of Approval (if any):   | TITLE 14#                 | Mge             | DATE 5   | -3-18  |