

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

WELL API NO. <b>30-015-26311</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Sand Dune State</b>
8. Well Number <b>3</b>
9. OGRID Number <b>15445</b>
10. Pool name or Wildcat <b>Turkey Track 7 Rvrs Qn GB SA</b>

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3371' GL**

**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 ☐

2. Name of Operator  
**EOG M Resources Inc.**

3. Address of Operator  
**105 South Fourth St, Artesia, NM 88210**

4. Well Location  
Unit Letter **J** : **1980** feet from the **South** line and **1980** feet from the **East** line  
Section **11** Township **19S** Range **29E** NMPM County **Eddy**

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <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.

RECEIVED

4/30/18—Notify OCD of move in.

MAY 16 2018

5/01/18—Set 5½ CIBP @ 2249' dump bail 4 sxs on top, set 5½ CIBP @ 1621'.

DISTRICT II-ARTESIA O.C.D.

5/02/18—OCD ok'd to combine plugs 3 & 4, cap BP w/ 65 sxs CTOC @ 1030' Tag @ 980' perf @ 415' press up OCD ok'd to pump 55 sxs from 465' to surface verified RDMO.

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 Chris Romero TITLE Agent DATE 5/7/18

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

APPROVED BY: Staff Mgr TITLE Staff Mgr DATE 5-17-18  
Conditions of Approval (if any): \_\_\_\_\_