

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. 30-015-03572
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 Continental State
8. Well Number 1
9. OGRID Number 15445
10. Pool name or Wildcat Turkey Track 7 Rvrs Qn GB SA

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 **A** : **740** feet from the **North** line and **1205** feet from the **East** line
 Section **10** Township **19S** Range **29E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3386' GL

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <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.

3/19/18—Notify OCD of move in.

3/21/18—Set 7" CIBP @ 1459' circ well w/ MLF cap BP w/ 50 sxs Tag @ 1160', spot 35 sxs @ 1083' CTOC @ 963' Tag @ 880'. Test csg from 880' to 250' @ 500 psi possible holes from 250' to surface, OCD ok'd to set pkr @ 30' & pump 90 sxs to surface verified RDMO.

RECEIVED

APR 24 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 *Greg Bryant* TITLE Agent DATE 2/23/18

Type or print name Greg Bryant E-mail address: Kay-maddox@ PHONE: _____
For State Use Only

APPROVED BY: *Staff* TITLE Staff DATE 4-25-18
 Conditions of Approval (if any): _____