

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. <b>30-015-23177</b>
2. Name of Operator <b>EOG M Resources Inc.</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>105 South Fourth St, Artesia, NM 88210</b>		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <b>I</b> : <b>2310</b> feet from the <b>South</b> line and <b>990</b> feet from the <b>East</b> line Section <b>10</b> Township <b>19S</b> Range <b>29E</b> NMPM County <b>Eddy</b>		7. Lease Name or Unit Agreement Name <b>Continental A State</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3376' GL</b>		8. Well Number <b>008</b>
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number <b>15445</b>

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> <b>P AND A <input checked="" type="checkbox"/></b> 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.

3/22/18—Notify OCD of move in, set CIBP @ 2179' dump bail 3 sxs on top set CIBP @ 1592'.

3/23/18—Cap BP w/ 45 sxs CTOC @ 983' Tag @ 933', perf @ 372' pump 300 sxs to surface cmt, fell 10' ok'd by OCD 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 Chris Romero TITLE Agent DATE 4/2/18

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

APPROVED BY: [Signature] TITLE Staff DATE 4-25-18  
 Conditions of Approval (if any): \_\_\_\_\_