

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. 30-025-42317
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 Dragon 36 State
8. Well Number 702H
9. OGRID Number 7377
10. Pool name or Wildcat WC-025 G-09 S243336I; Upper WC

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 Resources, Inc.

3. Address of Operator
P.O. Box 2267 Midland, TX 79702

4. Well Location
 Unit Letter B : 578 feet from the North line and 2068 feet from the East line
 Section 36 Township 24S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3507' GR

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 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: Completion <input checked="" 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.

- 3/18/15 Prep well for frac. Ran CBL estimated TOC at 11980'.
- 4/16/15 Begin 25 stage frac.
- 4/20/15 Pressure communicating between 9-5/5" X 13-3/8" annuli.
- 4/24/15 Notify and consult with NMOCD. NMOCD authorized a bradenhead squeeze.
- 4/25/15 Pressure test and evaluate well. Perform bradenhead squeeze, pumped 285 bbls Class C cement. WOC.
- 4/26/15 Retest well, well still communicating. Shut in. Ran a CBL from 1800' to 12676'. Found the estimated bottom TOC at 5800'. Estimated top TOC at 4150'. Notify and consult with NMOCD. Received permission to continue with frac operations.
- 5/03/15 Finished 25 stage completion and frac. Perforated 12873 - 17191', 0.39", 928 holes. Frac w/ 950 bbls acid, 6812542 lbs proppant, 156772 bbls load water.
- 5/10/15 RIH to drill out plugs and clean out well.
- 5/12/15 Finish drill and clean out. Well shut in.
- 5/16/15 Flowback, place well on production.

Spud Date: 02/08/2015 Rig Release Date: 3/10/15

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 06/03/2015
 Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689

For State Use Only
 APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/16/15
 Conditions of Approval (if any): _____

'JUN 17 2015'