

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

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.)		WELL API NO. <b>30-025-41518</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>EOG Resources, Inc.</b>		6. State Oil & Gas Lease No. <b>VO-8394</b>
3. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name <b>Fruit Loop BUL State</b>
4. Well Location Unit Letter <b>C</b> : <b>200</b> feet from the <b>North</b> line and <b>1980</b> feet from the <b>West</b> line Section <b>29</b> Township <b>21S</b> Range <b>33E</b> NMPM County <b>Lea</b>		8. Well Number <b>1H</b>
		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat <b>Wildcat; Bone Spring</b>
		11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3719' GR</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 checked="" 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"/> P AND A <input type="checkbox"/> 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.

EOG Resources requests the following changes be made to the approved APD for this well.

We request the well name be changed from Fruit Loop BUL State #1H TO: Fruit Loop 29 State 701H

Casing design change as attached:

Surface from 13-3/8" (17-1/2" hole) to 10-3/4" (14-3/4" hole) @ 1580'  
 Intermediate 9-5/8" (12-1/4" hole) to 7-5/8" (9-7/8" hole) @ 10500'  
 Production 5-1/2" (8-1/2" hole) to 5-1/2" (6-3/4" hole) @ 16984'. DV @ 5100'

BHL from 330' FSL & 1980' FWL TO: 230' FSL & 2309' FWL Sec 29, T21S, R33E

Target from 15546' MD (11022' TVD) Pilot TVD 12100' 2nd BS Sand TO: 16984' MD (12266' TVD) Wolfcamp

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 Stan Wagner TITLE Regulatory Specialist DATE 09/15/15

Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3684

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 09/15/15  
 Conditions of Approval (if any): \_\_\_\_\_

SEP 16 2015