

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. 30-025-41518
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Fruit Loop 29 State
8. Well Number 501H
9. OGRID Number 7377
10. Pool name or Wildcat WC-025 G-07 S213330F; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3719' GR

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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"/>	7. Lease Name or Unit Agreement Name Fruit Loop 29 State
2. Name of Operator EOG Resources, Inc.	8. Well Number 501H
3. Address of Operator P.O. Box 2267 Midland, TX 79702	9. OGRID Number 7377
4. Well Location Unit Letter C : 200 feet from the North line and 1980 feet from the West line Section 29 Township 21S Range 33E NMPM County Lea	10. Pool name or Wildcat WC-025 G-07 S213330F; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3719' 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 checked="" 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.

10/6/15 Ran 123 jts 9-5/8", 40#, J55 LTC casing set at 5243'. DV tool at 3257'.

10/7/15 1st stage: Cemented lead w/ 275 sx Class C, 12.7 ppg, 2.14 CFS yield; tail w/ 200 sx Class C, 14.8 ppg, 1.33 CFS yield. Circulated 40 bbls cement to surface.

2nd stage: Cemented lead w/ 605 sx Class C, 12.9 ppg, 2.03 CFS yield; tail w/ 100 sx Class C, 14.8 ppg, 1.32 CFS yield. Circulated 40 bbls cement to surface. WOC 9.5 hrs.

Tested casing to 1500 psi for 30 minutes. Test good.

Resumed drilling 8-3/4" hole.

Spud Date:

9/30/15 11/29/13

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 Analyst DATE 10/12/2015
Type or print name Stan Wagner E-mail address: PHONE: 432-686-3689
For State Use Only

APPROVED BY: TITLE DATE
Conditions of Approval (if any):

OCT 20 2015

mb dm