Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised July 18, 20 WELL API NO.	13
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-42780	_
District III - (505) 334-6178	1220 South St. Fran		5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 8	7505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		HOBBSOCD		
SUNDRY NOT	ICES AND REPORTS ON WELLS		Z. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	OSALS TO DRILL OR TO DEEPEN OR PL ICATION FOR PERMIT" (FORM C-101) FO	UG BACK TO 4 20	Gem 36 State Com	
1. Type of Well: Oil Well	Gas Well 🗌 Other	ENE	8. Well Number 701H	
2. Name of Operator EOG Resources, Inc.		RECEIVE	9. OGRID Number 7377	
3. Address of Operator			10. Pool name or Wildcat	
P.O. Box 2267 Midla	nd, TX 79702		*WC-025 G-09 S253236A; Upper Wolfcar	np
4. Well Location Unit Letter A :	220 feet from the North	line and 230	feet from the East line	8
Section 36	Township 25S Ra	ange 32E	NMPM County Lea	1
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.)		1
	3432' GR		and the second se	
12. Check	Appropriate Box to Indicate N	ature of Notice, F	Report or Other Data	
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	ב
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL]
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB 🗹	
CLOSED-LOOP SYSTEM				
DTHER:		OTHER:]
	ork). SEE RULE 19.15.7.14 NMAG		give pertinent dates, including estimated d pletions: Attach wellbore diagram of	ate
Ran 164 jts 5'	1/2", 23#, HCP110 JFE Bear ca , 23.2#, HCP110 NSCC casing f 5 sx 25:75 Class H cement, 14.5	from 10498 to 1681		
Thoza to Released fig.				
10/0/15			E-PERMITTING New Well	
oud Date: 10/6/15	Rig Release Da	ate: 11/02/15	Comp P&A TA	
-			CSNG Loc Chng	
anshu contifu that the information	above is true and complete to the b	ant of my knowledge	ReComp Add New Well	_
ereby certify that the information	above is true and complete to the bo	est of my knowledge	Cancl Well Create Pool	
GNATURE Stan 20	TITLE Reg	ulatory Analyst	DATE 11/02/2015	
Stop Magn	ar			9
pe of print name	E-mail address		PHONE: 432-686-368	_
or State Use Only		100	1	
PPROVED BY:	TITLE Petro	leum Engineer	DATE 12/13/15	<u> </u>
			0.50	h
			DEC 1 4 2015	00