

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

HOBBS OGD
JUN 13 2016
RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
WELL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-42156	
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 Lomas Rojas 26 State Com	
8. Well Number 501H	
9. OGRID Number 7377	
10. Pool name or Wildcat Red Hills; Lower Bone Spring	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3330' GR	

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 **P** : **330** feet from the **South** line and **875** feet from the **East** line
 Section **26** Township **25S** Range **33E** NMPM County **Lea**

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.

- 3/26/15 Ran CBL, Estimated TOC is 1958' behind 5-1/2" casing.
- 3/19/16 Prep well for completion. Perform pre-frac casing test to a max pressure of 8653'.
- 4/05/16 MIRU for completion. Begin 23 stage completion and frac.
- 4/12/16 Finish perforating and frac. Perforated from 10983' to 15444', 0.35", 1460 holes.
Frac w/ 552 bbls acid, 11,153,280 lbs proppant, 271,226 bbls load water.
- 4/18/16 RIH to drill out plugs and clean out well.
- 4/20/16 Finish drill and clean out.
- 4/22/16 RIH w/ 2-7/8" production tubing, packer, and gas lift assembly. Packer set at 10389'. EOT at 10419'. Well SI.
- 5/21/16 Opened well for flowback.
First production to sales.

Spud Date: **3/1/2015**

Rig Release Date: **3/19/15**

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 06/07/2016

Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689

For State Use Only

APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 06/26/16

Conditions of Approval (if any): _____