

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  
**HOBBS OCD**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-025-43221	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8. Well Number 708H	<input checked="" type="checkbox"/>
9. OGRID Number 7377	<input checked="" type="checkbox"/>
10. Pool name or Wildcat *WC-025 G-09 S253336D; Upper Wolfcamp	<input checked="" type="checkbox"/>

**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 D : 806 feet from the North line and 949 feet from the West line  
 Section 26 Township 25S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3341' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 checked="" 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.

7/09/16 Spud 14-3/4" hole.  
 Ran 27 jts 10-3/4", 40.5#, J-55 STC casing set at 1182'.  
 Cement lead w/ 600 sx Class C, 13.5 ppg, 1.75 CFS yield;  
 tail w/ 300 sx Class C, 14.8 ppg, 1.34 CFS yield.  
 Circulated 366 sx cement to surface. WOC 14 hrs.  
 7/10/16 Tested casing to 1500 psi for 30 minutes. Test good.  
 Resumed drilling 9-5/8" hole.

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 Analyst DATE 7/11/2016

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

**For State Use Only**  
 APPROVED BY: Maley Brown TITLE Dist Supervisor DATE 7/18/2016

Conditions of Approval (if any):

*ep permit  
msb*