

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

HOBBSD CD  
 RECEIVED  
 OCT 11 2016

WELL API NO. <b>30-025-43006</b>	
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 <b>Black Bear 36 State</b>	
8. Well Number <b>701H</b>	
9. OGRID Number <b>7377</b>	
10. Pool name or Wildcat WC-025 G-09 S253336D; Upper Wolfcamp	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3334' GR</b>	

**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 **B** : **250** feet from the **North** line and **2128** feet from the **East** line  
 Section **36** 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.

- 4/09/16 Prep well for completion. Perform pre-frac casing test to a max pressure of 11425 psi.
- 7/21/16 MIRU
- 7/22/16 Begin 20 stage completion
- 7/27/16 Finish perforating and frac. Perforated 12720' to 17275'. 0.35", 1242 holes.  
Frac w/ 480 bbls acid; 11,946,930 lbs proppant; 278,615 bbls load water
- 8/05/16 RIH to drill out plugs and clean out well
- 8/07/16 Finish drill and clean out.
- 8/11/16 RIH w/ 5-1/2" production packer set at 12236'.
- 8/12/16 Ran 2-7/8" production tubing and gas lift assembly. Well shut in.
- 9/19/16 Opened well to flowback. First production.

Spud Date: 2/25/16      Rig Release Date: 3/16/16

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 9/20/2016  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689

**For State Use Only**

APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 12/14/16  
 Conditions of Approval (if any): \_\_\_\_\_