

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

Form C-103
 Revised July 18, 2013

HOBBBS OGD
 OCT 30 2016
 RECEIVED

WELL API NO. 30-025-40585
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 Black Bear 36 State
8. Well Number 5H
9. OGRID Number 7377
10. Pool name or Wildcat SWD: Bell Canyon - Cherry Canyon
4. Well Location Unit Letter H : 1420 feet from the North line and 1320 feet from the East line Section 36 Township 25S Range 33E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3318' 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 Injection

2. Name of Operator
EOG Resources, Inc.

3. Address of Operator
P.O. Box 2267 Midland, TX 79702

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 checked="" 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: <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.

09/28/16 MIRU to repair hole in tubing.
 09/29/16 Release and lay down packer and tubing.
 10/01/16 Change out tubing. RIH w/ 7" Hornet packer set at 5220'.
 RIH w/ 4-1/2" IPC injection tubing. EOT at 5236'.
 Perform MIT test to 540 psi for 30 minutes. Test good.
 Returned to injection.

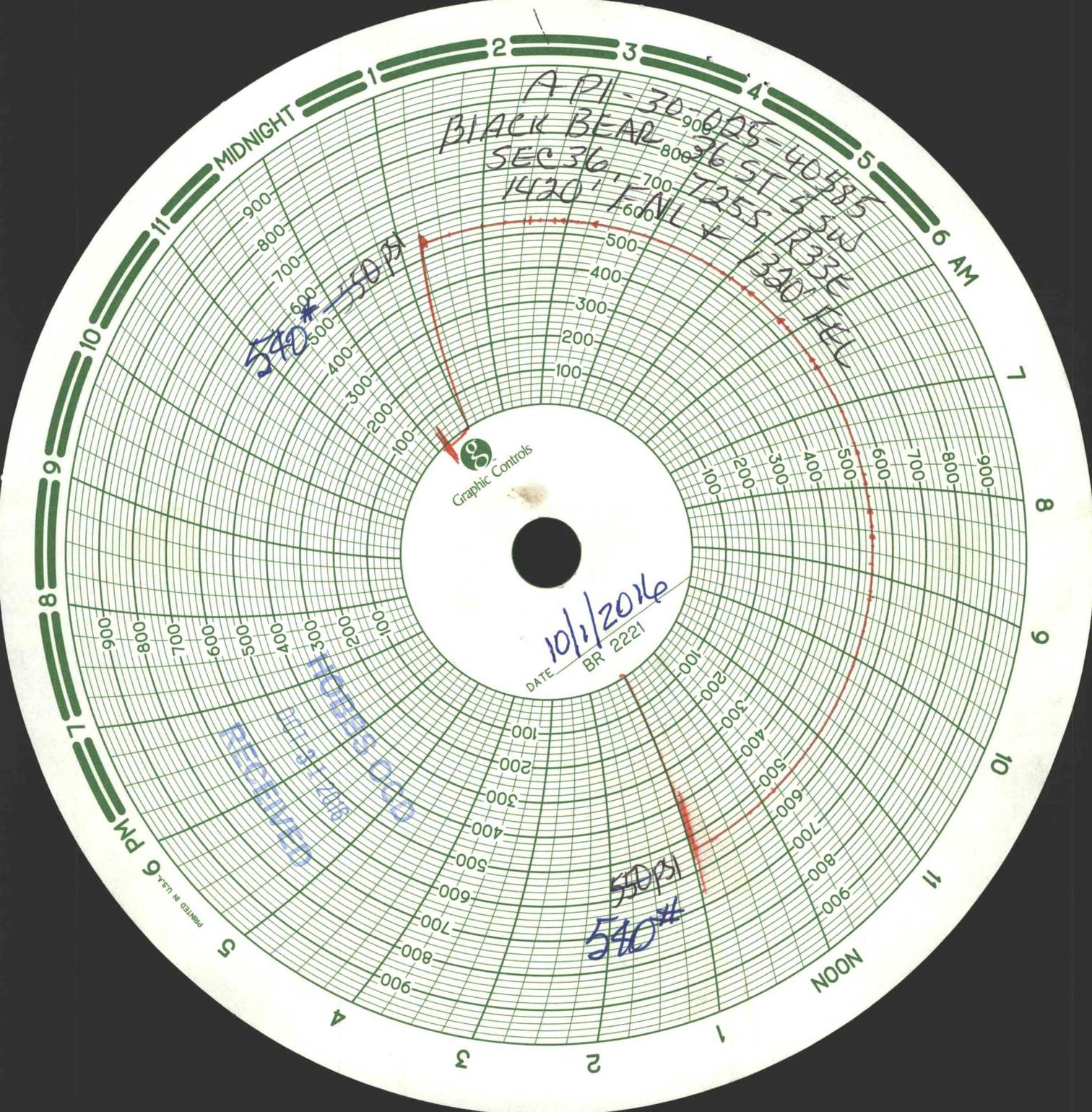
Spud Date:

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 10/27/2016
 Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689

For State Use Only
 APPROVED BY: Mafey Brown TITLE Dist Supervisor DATE 10/31/2016
 Conditions of Approval (if any): _____



API-30
BLACK BEAR
SEC 36
1420' FNL
025-40485
76 ST
7255
R33E
1330' FEL

540*
540#

Graphic Controls

DATE 10/1/2016
BR 2221

BR 2221
540#

540#
540#

PRINTED IN U.S.A.