

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

WELL API NO. 30-025-43219	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" 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 706H	<input checked="" type="checkbox"/>
9. OGRID Number 7377	<input checked="" type="checkbox"/>
10. Pool name or Wildcat *WC-025 G-09 S253336D; Upper Wolfcamp	

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 C : 807 feet from the North line and 1776 feet from the West line
 Section 26 Township 25S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3342' GR

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.

- 08/05/16 Prep well for completion. Ran GR/CBL, ETOC at 11260'.
- 08/11/16 Perform pre-frac casing test to a max pressure of 10970 psi.
- 08/28/16 MIRU for completion. Begin 17 stage completion.
- 09/05/16 Finish perforating and frac. Perforated 12749 - 16795', 0.35", 1066 holes.
Frac w/ 555 bbls acid; 9,735,660 lbs proppant; 204,259 bbls load water
- 09/08/16 RIH to drill out plugs and clean out well.
- 09/09/16 RIH w/ 5-1/2" production packer set at 12315'.
- 09/10/16 RIH w/ 2-7/8" production tubing and gas lift assembly. EOT at 12342'. Well shut in.
- 10/23/16 Opened well for flowback. First production.

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 11/15/2016
 Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 11/26/16
 Conditions of Approval (if any): _____