

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 OGD**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**NOV 07 2016**  
**RECEIVED**

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-025-40925
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 Dragon 36 State ✓
8. Well Number 3H ✓
9. OGRID Number 7377 ✓
10. Pool name or Wildcat Red Hills; Upper Bone Spring Shale
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3480' 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 N : 220 feet from the South line and 1965 feet from the West line  
 Section 36 Township 24S Range 33E ✓ NMPM County Lea

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 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.

- 02/12/15 Ran GR/CBL, found TOC at 2648'.
- 09/03/16 Prep well for completion. perform pre-frac casing test to a max pressure of 7493 psi.
- 09/11/16 MIRU for completion.
- 09/12/16 Begin 21 stage completion.
- 09/17/16 Finish perforating and frac. Perforated 9604 - 14104', 0.35", 1218 holes.  
Frac w/ 504 bbls acid; 13,213,670 lbs proppant; 245,043 bbls load water.
- 09/23/16 RIH to drill out plugs and clean out hole.
- 09/24/16 Finish drill and clean out.
- 09/26/16 RIH w/ 5-1/2" production packer set at 9245'.
- 09/27/16 RIH w/ 2-7/8" production tubing and gas lift assembly. EOT at 9272'. Shut well in.
- 10/09/16 Opened well for flowback. First production.

Spud Date: 12/24/2014      Rig Release Date: 01/07/2015

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 11/02/2016

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

**For State Use Only**  
 APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 11/17/2016  
 Conditions of Approval (if any): See Attached ~