

District I - (575) 393-6161
District II - (575) 748-1283
District III - (505) 334-6178
District IV - (505) 476-3460

HOBBES OCD
RECEIVED
DEC 07 2016

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

WELL API NO. 30-025-43254
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. VB-2054
7. Lease Name or Unit Agreement Name Weasel BXD State Com
8. Well Number 1H
9. OGRID Number 025575
10. Pool name or Wildcat Antelope Ridge; Bone Spring, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,360' 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 [X] Gas Well [ ] Other [ ]
2. Name of Operator EOG Y Resources, Inc.
3. Address of Operator 105 South Fourth Street, Artesia, NM 88210
4. Well Location
Unit Letter D : 200 feet from the North line and 200 feet from the West line
Unit Letter M : 200 feet from the South line and 400 feet from the West line
Section 17 Township 23S Range 35E NMPM Lea County

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: 5' new hole [X]

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.

12/2/16 - Made 5' new hole. TD 55'. Hole size 20".

Note: 30" culvert with locking lid installed on 6/17/16.

Spud Date: 5/31/16 Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Watts TITLE Advanced Regulatory Reporting Analyst DATE December 5, 2016

Type or print name Laura Watts E-mail address: laura\_watts@eogresources.com PHONE: 575-748-4272

APPROVED BY: TITLE DATE
Conditions of Approval (if any):