Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office	Revised July 18, 2013
1625 N. French Dr., Hobbs NO228S OCD	WELL API NO. 30-025-42733
011 C Einst St. Artonia NM 89210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
$\frac{\text{District III}}{1000 \text{ Rio Brazos Rd., Aztec, NM 87410}} = \frac{8210}{2016} = 1220 \text{ South St. Francis Dr.}$	STATE FEE 4
District IV – (505) 476-3460 1220 S. St. Francis Dr., Sant RENCEIVED 87505	6. State Oil & Gas Lease No. VB-1917
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Wildhog BWX State Com
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	1H (
2. Name of Operator	9. OGRID Number
EOG Y Resources, Inc. 3. Address of Operator	025575 / 10. Pool name or Wildcat
105 South Fourth Street, Artesia, NM 88210	Wildcat; Lower Bone Spring
4. Well Location	in naturi, 2011 the Done Spring
	1980 feet from the West line
	1980 feet from the West line
Section 20 Township 26S Range 36E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	<u>,</u>
2,943' GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	
	new hole
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.	mpletions: Attach wellbore diagram of
proposed completion of recompletion.	
12/5/16 - Made 5' new hole. TD 160'. Hole size 9".	
Note: 30" culvert with locking lid installed on 10/26/15.	
5	
Spud Date: 9/1/15 Rig Release Date:	
Spud Date. Rig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowledg	re and helief
Thereby certify that the information above is true and complete to the best of my knowledg	e and bener.
SIGNATURE TIME NATTA TITLE Advanced Regulatory Rep.	orting Analyst DATE December 6, 2016
Type or print name <u>Laura Watts</u> E-mail address: <u>laura_watts@eogreson</u>	urces.com PHONE: <u>575-748-4272</u>
For State Use Only	
APPROVED BY: Accepted for Record Only	DATE
Conditions of Approval (if any):	

M&Brown A0/11 12/8/2016