

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

**HOBBS OGD**  
**DEC 12 2016**  
**RECEIVED**

State of New Mexico  
 Energy, Minerals and Natural Resources  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

|  |  |   |
|--|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.)             |  | WELL API NO.<br><b>30-025-43221</b>   |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>   |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br><b>EOG Resources, Inc.</b>  |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br><b>P.O. Box 2267 Midland, TX 79702</b>   |  | 7. Lease Name or Unit Agreement Name<br><b>Lomas Rojas 26 State Com</b>                             |
| 4. Well Location<br>Unit Letter <b>D</b> <b>806</b> feet from the <b>North</b> line and <b>949</b> feet from the <b>West</b> line<br>Section <b>26</b> Township <b>25S</b> Range <b>33E</b> NMPM County <b>Lea</b> |  | 8. Well Number <b>708H</b>  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3341' GR</b>  |  | 9. OGRID Number<br><b>7377</b>  |
| 10. Pool name or Wildcat<br><b>*WC-025 G-09 S253336D; Upper Wolfcamp</b>   |  |   |

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 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.

08/06/16 Prep well for completion. Ran CBL, found ETOC at 110306'.  
 08/10/16 Perform pre-frac casing test to a max pressure of 10965 psi.  
 09/03/16 MIRU for completion  
 09/04/16 Begin 18 stage completion  
 09/10/16 Finish perforating and frac. Perforated 12824 - 17142', 0.35", 1130 holes.  
 Frac w/ 375 bbls acid; 10,747,720 lbs proppant; 227,740 bbls water.  
 09/15/16 Drill out plugs and clean out well.  
 09/16/16 RIH w/ 5-1/2" production packer set at 12000'.  
 09/18/16 RIH w/ 2-7/8" production tubing and gas lift assembly. EOT at 12020'. Well shut in.  
 11/20/16 Opened well for flowback. First production.

Spud Date: 7/09/16

Rig Release Date: 7/31/16

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 12/07/2016  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689  
**For State Use Only**

APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 12/16/16  
 Conditions of Approval (if any): \_\_\_\_\_