Submit 1 Copy To Appropriate District Office	State of New Me			Form C-103
District II - (575) 393-6161 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 FEB 2 3 2017 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			WELL API NO.	Revised July 18, 2013
			30-025-42744 5. Indicate Type of Lea	ase
			STATE STATE -	
			6. State Oil & Gas Lease No. VB-1915	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Prizehog BWZ State Com	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 1H	1
2. Name of Operator			9. OGRID Number	-
EOG Y Resources, Inc.			025575 10. Pool name or Wild	cat
104 South Fourth Street, Artesia, NM 88210			Wildcat; Lower Bone	
4. Well Location		¢		
Unit LetterC:330Unit LetterN330	feet from theNorthfeet from theSouth		1650feet from the1750feet from the	West line West line
Section 19 Township 26S Range 36E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2,958' GR				
12. Check Approp	priate Box to Indicate N	ature of Notice,	Report or Other Data	L
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB I				
CLOSED-LOOP SYSTEM		OTHER: 5	o' new hole	\boxtimes
13. Describe proposed or completed o	perations. (Clearly state all			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recomplet	1011.			
2/19/17 – Made 5' new hole. TD 180'. Hole size 9".				
Note: 30" culvert with locking lid installed on 10/26/15.				
The so current will looking in instance	01110/20115.			
Saud Date: 9/1/15				
Spud Date: 9/1/15	Rig Release Da	ate:		
I hereby certify that the information above	is true and complete to the be	est of my knowledge	e and belief.	
SIGNATURE Jaura Watt	TITLE Assist	tant Regulatory Lead	dDATE F	ebruary 21, 2017
Type or print name Laura Watts For State Use Only	E-mail address: <u>lau</u>	ra_watts@eogresou	rces.com PHONE:	575-748-4272
	Accepted for Record	i Only		
APPROVED BY: Conditions of Approval (if any):	TITLE	0100h	DATE	
Conditions of Approval (if any): MSBraun 2/23/2017				