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

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

HOBBS OCD
MAR 29 2017
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-43500	
5. Indicate Type of Lease STATE ■ FEE ☐	
6. State Oil & Gas Lease No.	
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.)	7. Lease Name or Unit Agreement Name Persimmon 24 State Com
1. Type of Well: Oil Well ■ Gas Well ☐ Other	8. Well Number 501H
2. Name of Operator EOG Resources, Inc.	9. OGRID Number 7377
3. Address of Operator P.O. Box 2267 Midland, TX 79702	10. Pool name or Wildcat Berry; Bone Spring, North
4. Well Location Unit Letter I : 2367~~4~~ feet from the South line and ~~440~~ 330 feet from the East line	
Section 24 Township 21S Range 33E NMPM County Lea	
	11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3756' GR

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

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

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.

EOG Resources requests the well name for this well be changed to Persimmon 24 State Com 201H to reflect an Upper Bone Spring Shale completion.

Spud Date: 2/7/17 Rig Release Date:

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 3/15/17

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

For State Use Only

APPROVED BY: [signature] TITLE Petroleum Engineer DATE 03/31/17

Conditions of Approval (if any):