

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

Form C-103
 Revised July 18, 2013

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

HOBBS OCD
 JUN 19 2017
 RECEIVED

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator EOG Resources, Inc.</p> <p>3. Address of Operator P.O. Box 2267 Midland, TX 79702</p> <p>4. Well Location Unit Letter C; 269 feet from the North line and 2265 feet from the West line Section 16 Township 26S Range 33E NMPM County Lea</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3279' GR</p>	<p>WELL API NO. 30-025-43653</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name Braswell 16 State</p> <p>8. Well Number 706H</p> <p>9. OGRID Number 7377</p> <p>10. Pool name or Wildcat *WC-025 G-09 S263327G; Upper Wolfcamp</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/> Add DV Tool		OTHER: <input 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.

6/07/17 Tested 10-3/4" casing to 1500 psi for 30 minutes. Resumed drilling 9-7/8" hole.
 6/12/17 Ran 7-5/8", 29.7#, (181 jts) ECP-110 LTC & (71 jts) ICYP-110 FXL casing set at 11501'.
 DV tool at 4860'.
 6/13/17 1st stage: Cement w/ 480 sx Lucem, 10.8 ppg, 2.44 CFS yield;
 tail w/ 900 sx Class H, 15.6 ppg, 1.22 CFS yield. Did not circulate. ETOC is 5032'.
 2nd stage: Cement lead w/ 1000 sx Lucem, 10.8 ppg, 2.99 CFS yield;
 tail w/ 50 sx Class C, 14.8 ppg, 1.45 CFS yield. WOC 9 hrs.
 Circulated 19 sx cement to surface.
 Tested casing to 2500 psi for 30 minutes. Test good.
 Resumed drilling 6-3/4" hole.

Spud Date: 6/01/17

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 6/13/17

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

For State Use Only
 APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 06/20/17
 Conditions of Approval (if any): _____