

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

Form C-103  
 Revised July 18, 2013

**HOBBS OCD**

**SEP 11 2017**

**RECEIVED**

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.)		WELL API NO. <b>30-025-43919</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 STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>EOG Resources, Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name <b>Righteous 6 State Com</b>
4. Well Location Unit Letter <b>I</b> : <b>1983</b> feet from the <b>South</b> line and <b>855</b> feet from the <b>East</b> line Section <b>6</b> Township <b>23S</b> Range <b>35E</b> NMPM County <b>Lea</b>		8. Well Number <b>301H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3384' GR</b>		9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>Antelope Ridge; Bone Spring, North</b>		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

9/6/17 Ran 9-5/8", 40#, (94 jts) J-55 LTC & (37 jts) HCK55 LTC casing set at 5583'. DV tool at 4042'.  
 Cement 1st stage: Cement lead w/ 260 sx Class C, 12.7 ppg, 2.37 CFS yield;  
 tail w/ 145 sx Class C, 14.8 ppg, 1.45 CFS yield.  
 Circulated 64 bbls cement to surface.  
 Cement 2nd stage: Cement lead w/ 800 sx Class C, 10.8 ppg, 3.68 CFS yield;  
 tail w/ 200 sx Class C, 15.6 ppg, 1.20 CFS yield.  
 Circulated 86 bbls cement to surface. WOC 4 hrs.  
 9/7/17 Tested casing to 2600 psi for 30 minutes. Test good.  
 Resumed drilling 8-3/4" hole.

Spud Date: **8/27/17**

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 9/08/2017

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

**For State Use Only** Petroleum Engineer

APPROVED BY: *[Signature]* TITLE \_\_\_\_\_ DATE 9/8/17

Conditions of Approval (if any):