

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

HOBB
OCT 06
RECE
 OIL CONSERVATION DIVISION
 2201 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-43928
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. XXXX
7. Lease Name or Unit Agreement Name Bridge State Unit
8. Well Number 301H
9. OGRID Number 7377
10. Pool name or Wildcat Rock Lake; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3585' GR

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
EOG Resources, Inc.

3. Address of Operator
P.O. Box 2267 Midland, TX 79702

4. Well Location
 Unit Letter M : 300 feet from the South line and 800 feet from the West line
 Section 20 Township 22S Range 35E NMPM County Lea

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

NOTICE OF INTENTION TO: 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: <u>Casing Change</u> <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input 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.

- 9/25/17 TD at 14559' MD.
- 9/26/17 Ran 5-1/2", 20#, (317 jts) ECP-110 RDT & (2 jts) HCP-110 LTC casing set at 14367'.
- 9/27/17 Cement lead w/ 255 sx Class C, 10.8 ppg, 3.67 CFS yield;
 Cement middle w/ 410 sx Class C, 11.5 ppg, 2.60 CFS yield;
 Cement tail w/ 1640 sx Class H, 14.8 ppg, 1.14 CFS yield.
 Tested casing to 5000 psi. WOC 8 hrs. ETOC at 3265'.
- 9/28/17 Rig released.

Spud Date: 9/03/17

Rig Release Date: 9/28/17

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 10/03/2017

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

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 10/06/17
 Conditions of Approval (if any): _____