

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**  
**DEC 15 2017**  
**RECEIVED**

WELL API NO. 30-025-31943
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-3322
7. Lease Name or Unit Agreement Name Simanola AMW State
8. Well Number 1
9. OGRID Number 025575
10. Pool name or Wildcat Southeast Lane; Abo
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4197' 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 O-11) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
EOG Y Resources, Inc.

3. Address of Operator  
104 South Fourth Street, Artesia, NM 88210

4. Well Location  
 Unit Letter K : 2310 feet from the South line and 1830 feet from the West line  
 Section 15 Township 10S Range 34E NMPM Lea County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		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.

11/13/17 – Opened up well. Had 20 psi on tubing and 60 psi on casing. Bled down all gas. Loaded tubing with 32 bbls 2% KCL with biocide and scavenger. Pressured up to 500 psi. Bled down to 0 in less than 1 min. Unseat pump. Tubing on vacuum.  
 11/14/17 – NU BOP. Pumped 115 bbls 2% KCL down casing. Did not load. Spotted 500g 15% NEFE HCL acid across TAC. Cut tubing at 5510'.  
 11/15/17 – TOOH laying down tubing. Tagged fish top at 5516'. Latched onto fish. RIH with freepoint tool. Showing free from 6033' to surface. Showing stuck at 6039'. Cut tubing at 5992', 91 1/2 jts above stuck point.  
 11/16/17 – TOH standing back 2-7/8" L-80 workstring. Recovered 14-1/2 jts tubing. Laid down overshot. Set 2-7/8" 6.5# J-55 tubing at 5534'.  
 11/17/17 – ND BOP. Turned well over to production.

*Please submit well bore diagram showing CURRENT status - msh.*

Spud Date: 3/3/17

Rig Release Date: 4/17/17

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tina Huerta TITLE Regulatory Specialist DATE December 12, 2017

Type or print name Tina Huerta E-mail address: tina.huerta@eogresources.com PHONE: 575-748-4168

**For State Use Only**

APPROVED BY: Maley Brown TITLE AO/II DATE 12/18/2017  
 Conditions of Approval (if any):