

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

Revised July 18, 2013

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1233

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

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OGD
DEC 11 2017
RECEIVED

WELL API NO. 30-025-44175
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Osprey 10
8. Well Number 705H
9. OGRID Number 7377
10. Pool name or Wildcat WC-025 S253402N Upper Wolfcamp

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 : 241 feet from the South line and 279 feet from the West line
Section 10 Township 25S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3333' GR

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 checked="" 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"/>		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.

11/30/17 Spud 17-1/2" hole.
 Ran 13-3/8", 54.5#, J55 STC (0'-1024')
 Cement lead w/ 600 sx Class C, 13.5 ppg, 1.74 CFS yield;
 tail w/ 300 sx Class C, 14.8 ppg, 1.37 CFS yield.
 Circulated 251 sx cement to surface. WOC 4 hrs.
 Tested casing to 1500 psi for 30 minutes. Test good.
 Released surface rig.

Spud Date:

11/30/17

Rig Release Date:

[Empty box for 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 Specialist DATE 12/01/2017

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

For State Use Only
APPROVED BY: Mary Brown TITLE AO/II DATE 1/12/2018
Conditions of Approval (if any): _____