

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**  
**FEB 08 2018**  
**RECEIVED**

WELL API NO. <b>30-025-44127</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Heartthrob 17 State</b>
8. Well Number <b>701H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>WC-025 G-09 S243310P; Upper WC</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3545' GR</b>

**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** : **828** feet from the **South** line and **414** feet from the **West** line  
 Section **17** Township **24S** Range **33E** NMPM County **Lea**

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 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.

1/31/18 Spud 17-1/2" hole. ✓  
 2/01/18 Ran 13-3/8", 54.5#, J55 STC (0'-1232')  
 Cement lead w/ 750 sx Class C, 13.5 ppg, 1.76 FS yield; ✓  
 tail w/ 310 sx Class C, 14.8 ppg, 1.36 CFS yield.  
 Circulated 389 sx cement to surface. Tested casing to 1500 psi for 30 minutes. Test good. ✓  
 WOC 4 hrs. Released surface rig.

Spud Date:  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 2/05/18  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689

**For State Use Only**  
 APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 2-13-18  
 Conditions of Approval (if any): \_\_\_\_\_