

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

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>30-025-44266</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>Gem 36 State Com</b>
4. Well Location Unit Letter <b>M</b> : <b>220</b> feet from the <b>South</b> line and <b>1226</b> feet from the <b>West</b> line Section <b>36</b> Township <b>25S</b> Range <b>32E</b> NMPM County <b>Lea</b>		8. Well Number <b>708H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3348' GR</b>		9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>*WC-025 G-09 S253236A; Upper Wolfcamp</b>		

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.

1/19/18 Spud 17-1/2" hole.  
 1/20/18 Ran 13-3/8", 54.5#, J55 STC casing set at 909'.  
 Cement lead w/ 485 sx Class C, 13.5 ppg, 1.76 CFS yield;  
 tail w/ 310 sx Class C, 14.8 ppg, 1.36 CFS yield.  
 Circulated 319 sx cement to surface. Tested casing to 1500 psi for 30 minutes. Test good. ✓  
 Released surface rig.  
 2/06/18 Resumed drilling 12-1/4" hole.  
 2/10/18 Ran 9-5/8", 40#, J55 LTC (0'-4042')  
 Ran 9-5/8", 40#, HCK55 LTC (4042'-4699')  
 Cement lead w/ 810 sx Class C, 12.7 ppg, 2.36 CFS yield;  
 tail w/ 370 sx Class C, 14.8 ppg, 1.45 CFS yield  
 Circulated 120 bbls cement to surface. Tested casing to 1700 psi for 30 minutes. Skid rig. ✓

Spud Date: 1/19/18 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 02/12/2018  
 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 2-22-18  
 Conditions of Approval (if any): \_\_\_\_\_