

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
HOBBS OGD
MAR 19 2018
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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| 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. 30-025-44258 |
| 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 EOG Resources, Inc. | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator P.O. Box 2267 Midland, TX 79702 | | 7. Lease Name or Unit Agreement Name Convoy 28 State Com |
| 4. Well Location Unit Letter B : 538 feet from the North line and 1635 feet from the East line Section 28 Township 24S Range 33E NMPM County Lea | | 8. Well Number 704H |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3526' GR | | 9. OGRID Number 7377 |
| 10. Pool name or Wildcat WC-025 G-09 S243336I Upper WC | | |

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 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.

1/5/18 Spud 17-1/2" hole.
 1/7/18 Ran 13-3/8", 54.5#, J55 STC casing set at 1343'.
 Cement lead w/ 815 sx Class C, 13.5 ppg, 1.76 CFS yield;
 tail w/ 310 sx Class C, 14.8 ppg, 1.36 CFS yield.
 Circulated 128 bbls cement to surface. Tested casing to 1500 psi for 30 minutes.
 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 03/14/2018
 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 3-19-18
 Conditions of Approval (if any): _____