Submit I Copy To Appropriate District State of No	ew Mexico Form C-103
Office	d Natural Resources Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-44577
811 S. First St., Artesia, NM 88210 OIL CONSERVA	110N DIVISION 5. Indicate Type of Lease
1000 Pio Prozos Pd. Artes NM 97410	t. Francis Dr. STATE FEE
<u>District IV</u> – (505) 476-3460 Santa Fe, NM	NM 87505 6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPED	OR PLUG BACK TO A
DROPENT RESERVOIR. USE AITERATIONTONTERMIT (TORMETINT) TOR SOCIAL	
1. Type of Well: Oil Well Gas Well Other	8. Well Number 713H
2. Name of Operator EOG Resources, Inc.	9. OGRID Number 7377
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 2267 Midland, TX 79702 4. Well Location	Bobcat Draw; Upper Wolfcamp
4. well Location N 260 feet from the Set	buth line and 2027 feet from the West line
Section 32 Township 255	
11. Elevation (Show whether	her DR, RKB, RT, GR, etc.)
3340' GR	
12 Check Appropriate Box to Indi	cate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON [	SUBSEQUENT REPORT OF:
PULL OR ALTER CASING DULTIPLE COMPL	CASING/CEMENT JOB
CLOSED-LOOP SYSTEM Chg BHL	OTHER:
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.	
EOG Resources requests an amendment to our approved APD for this well to reflect a change in BHL and TVD.	
CD	
Change BHL to: 2410' FSL & 2065' FWL 29-25S-34E Change TVD to: 12870'.	
Change 1 VD to. 12070.	
APR TO TO	
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	RECL
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Spud Date: Rig Rele	ase Date:
I hereby certify that the information above is true and complete to	the best of my knowledge and belief
Thereby certify that the information above is true and complete to	) the best of my knowledge and benef.
SIGNATURE Aten Way TITLE	Regulatory Analyst 0ATE 4/11/2018
Type or print name Stan Wagper E-mail	address:PHONE:
Type or print name E-mail address: PHONE: PHONE:	
APPROVED BY: TITLE	Petroleum Engineer DATE 04/11/18
Conditions of Approvar fir any):	DATE DATE DATE