

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  
 APR 22 2018  
 RECEIVED

WELL API NO. <b>30-025-44366</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>Nautilus 16 State Com</b>	✓
8. Well Number <b>712H</b>	✓
9. OGRID Number <b>7377</b>	
10. Pool name or Wildcat WC-025 G-09 S263416B; Upper Wolfcamp	
11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> ) <b>3323' 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 **B** : **170** feet from the **North** line and **1966** feet from the **East** line  
 Section **16** Township **26S** Range **34E** NMPM County **Lea**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

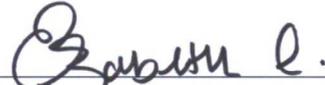
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" 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.

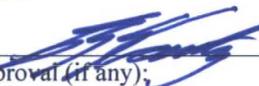
4/11/18 Resumed drilling 8-3/4" hole.  
 4/15/18 Ran 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 1488')  
 Ran 7-5/8", 29.7#, HCP-110 FXL (1488' - 12102')  
 Cement lead w/435sx class C, 11.5 ppg, 2.42 CFS yield  
 tail w/165sx class H, 15.6 ppg, 1.23 CFS yield  
 Tested casing to 2365 psi. Test good.  
 4/16/18 Resumed drilling 6-3/4" hole.

Spud Date: 2/14/2018      Rig Release Date:  

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Regulatory Tech DATE 4/17/2018  
 Type or print name Elizabeth Castillo E-mail address: \_\_\_\_\_ PHONE: 432-686-3697

**For State Use Only**

APPROVED BY:  TITLE \_\_\_\_\_ DATE 04/24/18  
 Conditions of Approval (if any): \_\_\_\_\_