

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

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br><b>30-025-44626</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><b>Bandit 29 State Com</b>                                  |
| 8. Well Number <b>504Y</b>  |
| 9. OGRID Number<br><b>7377</b>  |
| 10. Pool name or Wildcat<br><b>Triste Draw; Bone Spring, East</b>                                   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3533' 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 **BA B**: **410** feet from the **North** line and **2211** feet from the **East** line  
 Section **29** Township **24S** Range **33E** NMPM County **Lea**

**HOBBS OCD  
 APR 23 2018  
 RECEIVED**

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 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.

4/13/18 Resumed drilling 12-1/4" hole.  
 4/15/18 Ran 9-5/8", 40#, J55 LTC (0'-3688')  
 Ran 9-5/8", 40#, HCK55 LTC (3688'-4980')  
 Cement lead w/ 1125 sx Class C, 12.7 ppg, 1.45 CFS yield.  
 Circulated 200 bbls cement to surface. Good casing test to 2200 psi.  
 Released casing pre-set rig.

Spud Date: **4/5/18**

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 4/19/2018

Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689

**For State Use Only**

APPROVED BY: *[Signature]* TITLE \_\_\_\_\_ DATE 04/19/18  
 Conditions of Approval (if any): \_\_\_\_\_