

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

HOBBS QCD  
 JUN 14 2018  
 RECEIVED

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>30-025-44032</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>Papaya 10 State</b>
4. Well Location Unit Letter <b>D</b> Section <b>10</b> Township <b>21S</b> Range <b>34E</b> NMPM County <b>Lea</b> feet from the <b>215</b> line and <b>1076</b> feet from the <b>West</b> line		8. Well Number <b>201H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3688' GR</b>		9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>Gramma Ridge; Bone Spring, North</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.

- 4/21/18 Spud 17-1/2" hole.
- 4/24/18 Ran 13-3/8", 54.5#, J55 STC casing set at 1923'.  
 Cement lead w/ 1360 sx Class C, 13.5 ppg, 1.75 CFS yield;  
 tail w/ 250 sx Class C, 14.8 ppg, 1.35 CFS yield. Did not circulate.  
 ETOC at 350' CBL. Casing test to 1500 psi.
- 4/25/18 Top out cement w/ 107 sx Class C, 14.8 ppg, 1.36 CFS yield. Circulated 16 sx cement to surface.  
 Released surface rig.

Provide Gas Capture Plan

Spud Date: 4/21/18

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 5/30/18  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689

**For State Use Only**  
 APPROVED BY: *Malya Brown* TITLE AO/II DATE 6/7/2018  
 Conditions of Approval (if any): \_\_\_\_\_