

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 OGD  
 JUN 11 2018  
 RECEIVED

WELL API NO. <b>30-025-43817</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>Ares 4 State</b>
8. Well Number <b>701H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>WC-025 G-09 S243310P; Upper WC</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3583' 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 **P** : **330** feet from the **South** line and **365** feet from the **East** line  
 Section **4** Township **24S** Range **33E** NMPM County **Lea**

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

<b>NOTICE OF INTENTION TO:</b> 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 checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

**6/6/18 Spud** 17-1/2" hole.  
**6/7/18** Ran 13-3/8", 54.5#, J55 STC casing set at 1344'.  
 Cement lead w/ 1070 sx Class C, 13.5 ppg, 1.76 CFS yield;  
 tail w/ 200 sx Class C, 14.8 ppg, 1.36 CFS yield.  
 Circulated 446 sx cement to surface. Good casing test to 1500 psi.  
 Released preset 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 6/08/2018  
 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 6-12-18  
 Conditions of Approval (if any): \_\_\_\_\_