

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
 Santa Fe, NM 87505

HOBBS OGD
 JUN 15 2018
 RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR LOG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Condor 32 State
2. Name of Operator EOG Resources, Inc.	8. Well Number 740H
3. Address of Operator P.O. Box 2267 Midland, TX 79702	9. OGRID Number 7377
4. Well Location Unit Letter N : 259 feet from the South line and 2597 feet from the West line Section 32 Township 25S Range 34E NMPM County Lea	10. Pool name or Wildcat Bobcat Draw; Upper Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3341' GR	

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

<p>NOTICE OF INTENTION TO:</p> 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"/>	<p>SUBSEQUENT REPORT OF:</p> 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"/>
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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.

6/1/18 TD at 20551' MD.
 Ran 5-1/2", 20#, ICYP-110 Geoconn TS (0'-20536')
 6/2/18 Cement w/ 890 sx Class H, 15.6 ppg, 1.25 CFS yield.
 ETOC at 11300'. Good casing test to 5500 psi.
 6/3/18 Rig released.

✓

Spud Date: 5/01/18 Rig Release Date: 6/3/18

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 6/06/2018

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):