

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
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

HOBBS OCD
 RECEIVED
 AUG 14 2018

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. 30-025-44951
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 EOG Resources, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 2267 Midland, TX 79702		7. Lease Name or Unit Agreement Name Bandit 29 State Com
4. Well Location Unit Letter D : 387 feet from the North line and 1168 feet from the West line Section 29 Township 24S Range 33E NMPM County Lea		8. Well Number 505H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538 GR		9. OGRID Number 7377
10. Pool name or Wildcat Triste Draw; Bone Spring East		

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

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

8/6/18 TD @ 18565'
 Run 5-1/2", 20#, P110 GeoConn (0-10385')
 Run 5-1/2", 20#, P110 GeoConn (10385'-18565')
 Cement lead 340 sx 10.8 ppg, 2.79 yld
 Middle 535 sx 11.5 ppg, 2.16 yld
 Tail 2165 sx 14.8 ppg, 1.18 yld
 TOC 2550'

Spud Date: 7/14/18 Rig Release Date: 8/8/18

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

SIGNATURE: *Renee Jarratt* TITLE: Regulatory Assistant DATE: _____

Type or print name: Renee' Jarratt E-mail address: _____ PHONE: 432-686-3644

For State Use Only
 APPROVED BY: *Melissa Brown* TITLE: AO/I DATE: 8/14/2018
 Conditions of Approval (if any): _____