

Submit 1 Copy To Appropriate District Office  
 District I - (575) 748-1283  
 District II - (575) 748-1283  
 District III - (505) 334-6178  
 District IV - (505) 334-6178

**HOBBS OCD**  
**AUG 29 2018**  
**RECEIVED**

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. <b>30-025-44622</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>Jolly rogers 16 State</b>
8. Well Number <b>302H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>RedHills; Bone Spring North</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3554 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 **C** : **160** feet from the **North** line and **1661** feet from the **West** line  
 Section **16** Township **24S** Range **34E** NMPM County **Lea**

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 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 checked="" 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.

**8/22/18 Spud 17-1/2" hole**  
**Run 13-3/8", 54.5#, J55 (0'-1220')**  
**8/23/18 Cement lead 975 sx, 13.5 ppg, 1.72 yld**  
**Tail 235 sx, 14.8 ppg, 1.33 yld**  
**Circulate 627 sx to surface**  
**Test to 1500 psi/30 min - good test**  
**Resume drilling 12-1/4" hole**

Spud Date: **8/22/18**

Rig Release Date: \_\_\_\_\_

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

SIGNATURE Renee' Jarratt TITLE Regulatory Analyst DATE 08/27/18

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

**For State Use Only**  
 APPROVED BY Karen Sharp TITLE Staff Mgr DATE 8-30-18  
 Conditions of Approval (if any): \_\_\_\_\_