

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., Artesian, NM 87002  
District III - (505) 338-1748  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3468  
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

**HOBBS OGD**  
**RECEIVED**  
**AUG 29 2018**

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-44952</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>Bandit 29 State Com</b> ✓
8. Well Number <b>506H</b> ✓
9. OGRID Number <b>7377</b> ✓
10. Pool name or Wildcat <b>Triste Draw, Bone Spring East</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3539 GR</b>

**SUBMITTED 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 **D** **387** feet from the **North** line and **1135** feet from the **West** line  
Section **29** 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>		<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.

8/10/18 Run 9-5/8", 40#, LTC (0'-4962')  
Cement lead 1045 sx, Class C, 14.8 ppg, 2.32 yld  
Tail 290 sx Class C, 14.8 ppg, 1.42 yld  
Circulate 298 sx to surface  
Test to 2000 psi/30 min - good test  
Resume drilling 8-3/4" hole

Spud Date: **7/15/18** 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 8/27/18  
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): \_\_\_\_\_