

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

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>

**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 **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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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.

8324

8/21/18 TD @ 18595'  
 Run 5-1/2", 20#, P110, (0'-18595')  
 Cement lead 340 sx Class C, 10.8 ppg, 2.79 yld  
 Middle 540 sx Class C, 11.5 ppg, 2.16 yld  
 Tail 2160 sx Class H, 14.8 ppg, 1.18 yld  
 Test to 5000 psi/15 min - good test  
 TOC 2500'  
 Release Rig

✓

Spud Date:

7/15/18

Rig Release Date:

8/21/18

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

SIGNATURE Renee' Jarratt TITLE Regulatory Analyst DATE 09/12/18

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 9-18-18  
 Conditions of Approval (if any): \_\_\_\_\_