

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

HOBBS OCD
OCT 04 2018
RECEIVED
 State of New Mexico
 Energy, Minerals and Natural Resources
 OIL CONSERVATION DIVISION
 1220 S. St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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. 3002545180
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"/> PRIVATE <input type="checkbox"/>
2. Name of Operator EOG RESOURCES		6. State Oil & Gas Lease No.
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name MAGNOLIA 15
4. Well Location Unit Letter <u>M</u> : <u>344</u> feet from the <u>SOUTH</u> line and <u>842</u> feet from the <u>WEST</u> line Section <u>15</u> Township <u>26S</u> Range <u>33E</u> NMPM County <u>LEA COUNTY</u>		8. Well Number <u>302Y</u> 9. OGRID Number <u>7377</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3297 GL		10. Pool name or Wildcat 7280 Bradley, Bone spring

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 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: DRILL CSG <input checked="" 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.

09/25/18 SPUD 17-1/2" HOLE
 Surface Casing @ 925'
 Ran: 13-3/8" 54.5# J-55 STC
 Lead Cement w/ 630 sx Class C (13.8 ppg, 1.60 yld), Tail w/95 sx Class C (14.8 ppg, 1.33 yld)
 Test casing to 1,000 psi for 30 min - OK. Circ 281 sx cement to surface.

1st Intermediate Casing @ 4,803'-12-1/4" hole
 Run: 9-5/8", 40#, J-55 LTC (0' - 3,788')
 Run: 9-5/8", 40#, SEAH-80 LTC (3,788' - 4,803')
 Lead Cement w/ 1,040 sx Class (12.7 ppg, 2.32 yld), Trail w/495 sx Class C (14.8 ppg, 1.42 yld).
 Test casing to 2,490 psi for 30 mi - OK. Circ 704 sx cement to surface. - Resume Drilling

Spud Date: Rig Release Date:

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

SIGNATURE TITLE Sr. Regulatory Administrator DATE 10/01/18

Type or print name Emily Follis E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY: TITLE Petroleum Engineer DATE 10/09/18
 Conditions of Approval (if any):