

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

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. <b>3002543859</b>
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 <b>EOG RESOURCES</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P O BOX 2267, MIDLAND TX 79702</b>		7. Lease Name or Unit Agreement Name <b>HEARNS 34 STATE COM</b>
4. Well Location Unit Letter <b>O</b> : <b>275</b> feet from the <b>SOUTH</b> line and <b>2397</b> feet from the <b>EAST</b> line Section <b>34</b> Township <b>24S</b> Range <b>33E</b> NMPM County <b>LEA</b>		8. Well Number <b>709H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3467' GL</b>		9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>UPPER WOLF CAMP</b>		

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 type="checkbox"/>		OTHER: DRILL CSG <input checked="" 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.

08/04/18 6-3/4" Hole  
 2nd Intermediate Casing @ 11,815'  
 Ran: 7-5/8", 29.7#, HCP-110, BTC SCC (0' - 1023')  
 Ran: 7-5/8", 29.7#, HCP-110, FXL (1,023' - 11,815')  
 Lead Cement w/ 250 sx Class H (9.0 ppg, 3.49 yld) followed w/230 sx Class H(11.5 ppg, 2.38 yld), Trail w/ 115 sx Class H (15.6 ppg, 1.23 yld)  
 Test casing to 2,500 psi - Good Circ 95 sx cement to surface

08/20/18 6-3/4" Hole  
 Production Casing @ ~22,592' MD, 12,424' TVD  
 Run: 5-1/2", 20#, HCP-110, DWC (Airlock @ 11,542'), (MJ @ 17,666')  
 Lead Cement w/ 990 sx Class H (14.5 ppg, 1.25 yld)  
 Test casing to 7,200 psi for 15 min - Good Did not circ cement. TOC @ 7,162 by CBL RR 08/22/18 Completion to follow

Spud Date: 06/03/18 Rig Release Date: 08/22/18

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

SIGNATURE *Emily Follis* TITLE Sr. Regulatory Administrator DATE 10/15/18

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

**For State Use Only**  
 APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 10/23/18  
 Conditions of Approval (if any):