

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

RECEIVED  
 NOV 5 2018  
 HOBBBS OCD

WELL API NO. <b>30-025-45226</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>Ares 4 State</b>
8. Well Number <b>302H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat WC-026 G09 S243310P; Upper Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3583 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 **P** : **330** feet from the **South** line and **365** feet from the **East** line  
 Section **4** 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> 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 checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <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.

10/27/18 Run 9-5/8", 40#, J55, LTC (0'-4020')  
 Run 9-5/8", 40#, K55, LTC (4020'-5051')  
 Cmt lead 1135 sx, Class C, 12.7 ppg, 2.32 yld  
 Tail 350 sx Class C, 14.8 ppg, 1.42 yld  
 Test to 2600 psi/30 min - good  
 Circ 361 sx to surface  
 Resume drilling 8-3/4" hole

Spud Date:

**10/24/18**

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

**11/01/18**

Type or print name

**Renee' Jarratt**

E-mail address:

PHONE:

**432-686-3644**

**For State Use Only**

APPROVED BY:

*[Signature]*

TITLE

**Petroleum Engineer**

DATE

**11/05/18**

Conditions of Approval (if any):