

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 87401
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

HOBBBS OGD
 DEC 18 2018
 RECEIVED

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator EOG RESOURCES INC</p> <p>3. Address of Operator PO BOX 2267 MIDLAND, TX 79702</p> <p>4. Well Location Unit Letter D : 616' feet from the NORTH line and 441' feet from the WEST line Section 2 Township 25S Range 32E NMPM County LEA</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3514' GR</p>	<p>WELL API NO. 30-025-44973</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name SAVAGE 2 STATE COM</p> <p>8. Well Number 301H</p> <p>9. OGRID Number 7377</p> <p>10. Pool name or Wildcat WC025 G07 S243225C; LOWER BONE SPRING</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>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"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>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 type="checkbox"/> OTHER: Completion <input checked="" type="checkbox"/></p>
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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.

09/16/2018 Rig released
 10/06/2018 MIRU prep to frac -Test void to 5000 psi, seals & flanges to 8500 psi
 11/07/2018 Begin perf & frac
 11/15/2018 Finish 18 stages perf & frac, 10,020-14,651' 960 3 1/8" shots 11,505,452 lbs proppant + 171,220 bbls load fluid
 11/16/2018 Drilled out plugs and clean out wellbore
 11/19/2018 Opened well to flowback
 Date of First Production

Spud Date: 08/30/2018 Rig Release Date: 09/16/2018

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

SIGNATURE Kay Maddox TITLE Regulatory Analyst DATE 12/17/2018

Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658

For State Use Only
 APPROVED BY Karen Sharp TITLE Staff Mgr DATE 12-19-18
 Conditions of Approval (if any):