

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. 3002545377
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 JOLLY ROGER 16 STATE
8. Well Number 705H
9. OGRID Number 7377
10. Pool name or Wildcat Antelope Ridge: Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3563 GL

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-103) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
EOG RESOURCES

3. Address of Operator
P O BOX 2267, MIDLAND TX 79702

4. Well Location
 Unit Letter **M** : **614** feet from the **SOUTH** line and **586** feet from the **WEST** line
 Section **16** Township **24S** Range **34E** NMPM County **LEA**

HOBBS OCD
 FEB 01 2019
 RECEIVED

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"/>		OTHER: DRILL CSG <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <input 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.

01/04/19 8-3/4" Hole

01/04/19

Intermediate Casing @ 11,571'

Run 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 1,050')

Run 7-5/8", 29.7#, HCP-110 MO-FXL (1,050' - 11,571')

Lead Cement w/ 520 sx Class C (3.62 yld, 9.0 ppg), followed w/ 185 sx Class C (2.55 yld, 11.0 ppg), Tail w/ 180 sx Class C (1.11 yld, 14.2 ppg)
 Test casing to 2,500 psi for 30 min - Good. Circ 23 sx cement to surface. Resume Drilling 6-3/4" Hole

01/28/19

Production Casing @ 17,040' MD, 12,049' TVD

Run 5-1/2", 20#, ICYP-110, TXP (MJ @ 11,516')

Lead Cement w/ 580 sx Class C (1.18 yld, 14.8 ppg)

Did not circ cement to surface, TOC @ 9,077' by Calc. Waiting on CBL RR 01/29/19 Completion to follow

Handwritten initials and marks: / P, J, r.

Spud Date:

12/27/18

Rig Release Date:

01/29/19

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 01/29/19

Type or print name Emily Follis

E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY

Garen Sharp

TITLE

Staff Mgr

DATE

2-1-19

Conditions of Approval (if any):