

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-45140
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 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 HEARTTHROB 17 STATE COM
4. Well Location Unit Letter <u>P</u> : <u>523</u> feet from the <u>SOUTH</u> line and <u>1276</u> feet from the <u>EAST</u> line Section <u>17</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number 705H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3568 GL		9. OGRID Number 7377
10. Pool name or Wildcat [98135] WC-025 G-09 S243310P; UPPER WC		

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 type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> 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.

01/25/19 SPUD 12-1/4" HOLE

01/26/19

Surface Casing @ 1,340'  
 Run 9-5/8" 40# J-55 LTC

Lead Cement w/ 590 sx Class C (1.76 yld, 13.5 ppg), Tail w/90 sx Class C (1.36 yld, 14.8 ppg)

Test casing to 1,500 psi for 30 min - Good Circ 319 sx cement to surface Resume Drilling 8-3/4" hole

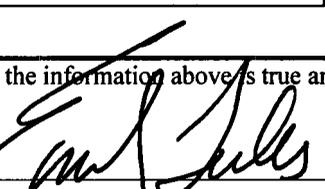
Spud Date:

01/25/19

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

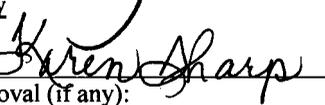
DATE 01/31/19

Type or print name Emily Follis

E-mail address: emily\_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY



TITLE Staff Mgr

DATE 2-6-19

Conditions of Approval (if any):

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