

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

CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

HOBBS OGD  
 RECEIVED  
 FEB 08 2019

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. 30-025-45370
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 CARAVAN 28 STATE COM
4. Well Location Unit Letter <u>C</u> : <u>546</u> feet from the <u>NORTH</u> line and <u>2153</u> feet from the <u>WEST</u> line Section <u>28</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number #701H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3519 GL		9. OGRID Number 7377
10. Pool name or Wildcat WC-025 G-09 S243336I; UPPER WOLFCAMP		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: 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.

12/21/18 SPUD 12-1/4" HOLE

12/21/18 Surface Casing @ 1,295'  
 Run 9-5/8" 40# J-55 LTC  
 Lead Cement w/ 580 sx Class C (13.5 ppg, 1.76 yld), Tail w/90 sx Class C (14.8 ppg, 1.36 yld)  
 Test casing to 1,500 psi for 30 min - Good. Circ 319 sx cement to surface

12/26/18 8-3/4" HOLE

12/26/18 Intermediate Casing @ 11,804'  
 Run 7-5/8", 29.7#, ECP-110 BTC SCC (0' - 1,077')  
 Run 7-5/8", 29.7#, HCP-110 MO-FXL (1,077' - 11,804')  
 Lead Cement w/ 440 sx Class C (9.0 ppg, 3.58 yld), followed by 180 sx Class C (11.0 ppg, 2.54 yld), Tail w/180 sx Class C (14.2 ppg, 1.11 yld) Test casing to 1,650 psi for 30 min - Good Circ 8 sx cement to surface Resume Drilling 6-3/4" HOLE

Spud Date: 12/21/18

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 02/04/19

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

For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 02/13/19

Conditions of Approval (if any): \_\_\_\_\_