

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

Form C-103
 Revised July 18, 2013

HOBBS CO
 FEB 08 2019
 RECEIVED

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| 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> NMMPM County <u>LEA</u> | | 8. Well Number #701H <u>701 H</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3519 GL | | 9. OGRID Number 7377 |
| | | 10. Pool name or Wildcat WC-025 G-09 S2433361; UPPER WOLFCAMP |

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

02/02/19 6-3/4" HOLE

Production Casing @ 22,631' MD, 12,460' TVD
 Run 5-1/2", 20#, ICYP-110, TXP (MJ @ 11,844') (Airlock @ 11,751')
 Lead Cement w/ 995 sx Class H (1.26 yld, 14.5 ppg)
 Test casing to 7,000 psi for 15 min - good Did not circ cement to surface, TOC @ 10,804' by Calc
 RR 02/04/19 Completion to follow

Spud Date: 12/21/18

Rig Release Date: RR 02/04/19

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 02/05/19

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

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 02/13/19

Conditions of Approval (if any):