

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  
**HOBBES OGD**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**RECEIVED**  
 FEB 25 2019

Form C-103  
 Revised July 18, 2013

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. <b>30-025-45366</b>
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 <b>EOG RESOURCES</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P O BOX 2267, MIDLAND TX 79702</b>		7. Lease Name or Unit Agreement Name <b>CONDOR 32 STATE COM</b>
4. Well Location Unit Letter <b>M</b> : <b>389</b> feet from the <b>SOUTH</b> line and <b>661</b> feet from the <b>WEST</b> line Section <b>32</b> Township <b>25S</b> Range <b>34E</b> NMPM County <b>LEA CO</b>		8. Well Number <b>715H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3329 GL</b>		9. OGRID Number <b>7377</b>
10. Pool name or Wildcat		10. Pool name or Wildcat

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: <b>DRILL CSG</b> <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.

**02/16/19 8-3/4" HOLE**  
**02/16/19 Intermediate Casing @ 12,030'**  
 Run 7-5/8", 29.7#, ECP-110 BTC SCC (0' - 842')  
 Run 7-5/8", 29.7#, HCP-110 MO-FXL (842' - 12,030')  
 Stage 1: Lead Cement w/ 430 sx Class C (1.23 yld, 15.6 ppg)  
 Test casing to 2,550 psi for 30 min - Good Did not circ cement to surface, TOC @ 7,000' by Est  
 Stage 2: Bradenhead squeeze w/ 1,000 sx Class C  
 Stage 3: Top out w/ 24 sx Class C (1.41 yld, 14.8 ppg) TOC @ Surface by Echometer  
Resume Drilling 6-3/4" hole

Spud Date: **01/23/19**

Rig Release Date:

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 02/19/19

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 02/25/19  
 Conditions of Approval (if any):