

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

HOBBS OGD State of New Mexico
 Energy, Minerals and Natural Resources
MAR 20 2019
RECEIVED
 OIL CONSERVATION DIVISION
 1220 S. St. Francis Dr.
 Santa Fe, NM 87505

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 3002545139
2. Name of Operator EOG RESOURCES		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>N</u> : <u>455</u> feet from the <u>South</u> line and <u>1112</u> feet from the <u>WEST</u> line Section <u>17</u> Township <u>24S</u> Range <u>33E</u> NMPM County		7. Lease Name or Unit Agreement Name HEARTTHROB 17 STATE COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3546 GL		8. Well Number <u>704H</u> 9. OGRID Number <u>7377</u> 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

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"/>	
--	--	--	--

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.

02/25/19 8-3/4" Hole
 02/25/19 Intermediate Casing @ 11,960'
 Ran 7-5/8", 29.7#, ECP-110 BTC SCC (0' - 1,065')
 Ran 7-5/8", 29.7#, HCP-110 MO-FXL (1,065' - 11,960')
 Stage 1: Lead Cement w/ 455 sx Class C (1.11 yld, 14.2 ppg)
 Test casing to 2,560 psi for 30 min - Good Did not circ cement to surface, TOC @ 7,011' by Calc
 Stage 2: Bradenhead squeeze w/ 965 sx Class C, TOC @ 1,243' by Calc
 Stage 3: Top out w/ 115 sx Class C (1.37 yld, 14.8 ppg) TOC @ Surface
 03/04/19 6-3/4" Hole
 03/04/19 Production Casing @ 17,475' MD, 12,468' TVD
 Run 5-1/2", 20#, ICYP-110, TXP (MJ @ 12,083')
 Lead Cement w/ 600 sx Class H (1.18 yld, 14.8 ppg)
 Did not circ cement to surface, TOC @ 9,304' by Calc Waiting on CBL

Spud Date: 02/11/19 Rig Release Date: 03/15/19

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Emily J. Follis TITLE Sr. Regulatory Administrator DATE 03/18/19

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

For State Use Only

Petroleum Engineer

APPROVED BY: [Signature] TITLE _____ DATE 03/21/19

Conditions of Approval (if any):