

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 87601  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OCD**  
**MAR 11 2019**  
**RECEIVED**

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

<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. 30-025-45525
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 OSPREY 10
4. Well Location Unit Letter <b>P</b> : <b>325</b> feet from the <b>SOUTH</b> line and <b>1316</b> feet from the <b>EAST</b> line Section <b>10</b> Township <b>25S</b> Range <b>34E</b> NMPM County <b>LEA</b>		8. Well Number <b>706H</b> 9. OGRID Number <b>7377</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3333 GL		10. Pool name or Wildcat 98116-WC025 G09 S253402N - WOLFCAMP

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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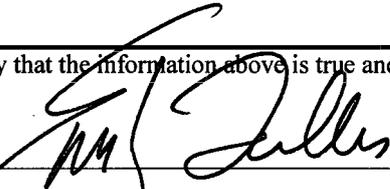
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

02/28/19 SPUD 12-1/4" HOLE  
 02/28/19 Surface Casing @ 995'  
 Ran 9-5/8" 40# J-55 LTC  
 Lead Cement w/ 430 sx Class C (1.76 yld, 13.5 ppg), followed by 90 sx Class C (1.36 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min - Good. Circ 191 sx cement to surface. Resume Drilling 8-3/4" hole

Spud Date: 02/28/19

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 03/07/19

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 03/21/19

Conditions of Approval (if any):