

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

HOBBBS OCD
MAR 21 2019
RECEIVED
Department of Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-45529
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GEM 36 STATE COM
8. Well Number 501H
9. OGRID Number 7377
10. Pool name or Wildcat [97903] WC-025 G-08 S253235G; LWR BONE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3426 GL

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 Gas Well Other

2. Name of Operator
EOG RESOURCES

3. Address of Operator
P O BOX 2267, MIDLAND TX 79702

4. Well Location
Unit Letter **A** **.639** feet from the **NORTH** line and **1156** feet from the **EAST** line
Section **36** Township **25S** Range **32E** NMPM County **LEA**

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.

03/18/19 SPUD 12-1/4" HOLE
03/19/19

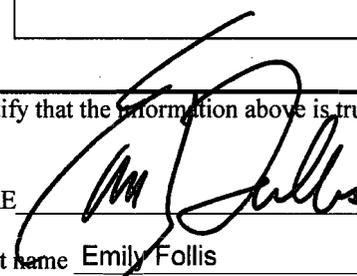
Surface Casing @ 1,017'
Ran 13-3/8" 54.5# J-55 STC
Cement w/ 740 sx Class C (1.76 yld, 13.5 ppg), tail w/200 sx Class C(1.36 yld, 14.8 ppg)
Test casing to 1,500 psi for 30 min - Good

TOC?

Spud Date:

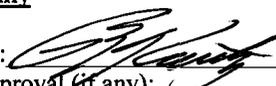
Rig Release Date:

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 03/21/19

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 03/26/19
Conditions of Approval (if any):