

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 OCD
MAR 29 2019
RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
 CONSERVATION DIVISION
 1300 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-45523 ✓
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 HEMLOCK 32 STATE ✓
8. Well Number 703H ✓
9. OGRID Number 7377 ✓
10. Pool name or Wildcat

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 **N** : **332** feet from the **SOUTH** line and **1801** feet from the **WEST** line
 Section **32** Township **23S** Range **33E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3665 GL

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.

03/24/19 9-7/8" hole

03/24/19 Intermediate Casing @ 11,882'
 Ran 7-5/8", 29.7#, HCP-110 LTC (0' - 5,563') (ECP @ 5,072')
 Ran 7-5/8", 29.7#, ICYP-110 MO-FXL (5,563' - 11,882')
 Stage 1: Lead Cement w/ 1,225 sx Class C (2.78 yld, 10.8 ppg), follow w/400 sx Class C (2.15 yld, 11.5 ppg), Tail w/210 sx Class H (1.18 yld, 14.8 ppg)
 Test casing to 2,900 psi for 30 min - Good. Inflate ECP. Did not circ cement to surface, TOC @ 4,000' by Calc
 Stage 2: Lead Cement w/ 855 sx Class C (2.32 yld, 12.7 ppg yld), Tail w/175 sx Class C (1.42 yld, 14.8 ppg)
 Bump plug, pressure up to 2,600 psi. Circ 532 sx cement to surface Resume Drilling 6-3/4" hole

TOTAL 2865 GALS

Spud Date: 03/16/19

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 03/25/19

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

APPROVED BY: *[Signature]* TITLE _____ DATE 04/04/19

Conditions of Approval (if any):