

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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis
 Santa Fe, NM 87505

NOBB'S OIL
 RECEIVED
 MAR 23 2019

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. 30-025-45526
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 GEM 36 STATE COM
4. Well Location Unit Letter B 324 feet from the NORTH line and 1670 feet from the EAST line Section 36 Township 25S Range 32E NMPM County LEA		8. Well Number 102H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3426 GL		9. OGRID Number 7377
		10. Pool name or Wildcat [97838] JENNINGS; UPPER BONE SPRING SHALE

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"/>		OTHER: DRILL CSG <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>			

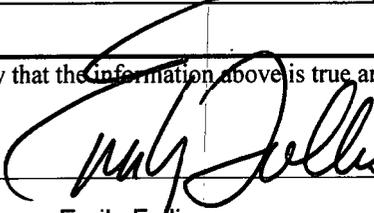
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/20/19 SPUD 12-1/4" HOLE
 03/20/19 Surface Casing @ 1,003'
 Ran 13-3/8" 54.5# J-55 STC
 Lead Cement w/ 760 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 Circ 383 sx cement to surface Resume Drilling 8-3/4" hole

03/24/19 8-3/4" hole
 1st Intermediate Casing @ 4,753'
 Ran 9-5/8", 40# J-55 LTC (0' - 3,736')
 Ran 9 5/8", 40# HCK-55 LTC (3,736' - 4,753')
 Lead Cement w/ 1,325 sx Class C (1.94 yld, 12.7 ppg), tail w/325 sx Class C (1.38 yld, 14.8 ppg)
 Test casing to 2,000 psi for 30 min - Good Circ 628 sx cement to surface Resume Drilling 6-3/4" hole

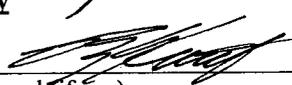
Spud Date: 03/20/19 Rig Release Date:

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 03/25/19

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

For State Use Only

APPROVED BY:  TITLE _____ DATE 04/04/19

Conditions of Approval (if any): _____