

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** State of New Mexico  
 Energy, Minerals and Natural Resources  
**APR 11 2019**  
**RECEIVED**  
 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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-45629 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator EOG RESOURCES		7. Lease Name or Unit Agreement Name HEARNS 34 STATE 8. Well Number 405H
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		9. OGRID Number 7377 10. Pool name or Wildcat [59900] TRIPLE X; BONE SPRING
4. Well Location Unit Letter <u>P</u> : <u>300</u> feet from the <u>SOUTH</u> line and <u>281</u> feet from the <u>EAST</u> line Section <u>34</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3485 HL		

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"/>	
--	--	--	--

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.

04/04/19 17-1/2" HOLE  
 04/04/19 12-1/4" HOLE  
 ✓ p.m.  
 Surface Casing @ 1,292'  
 13-3/8" 54.5# J-55 STC  
 Lead Cement w/ 1,050 sx Class C (1.73 yld, 13.5 ppg), tail w/ 235 sx Class C (1.33 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min - OK. Circ 649 sx cement to surface  
 Resume drilling 8-3/4" hole

Spud Date: 04/04/19 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 04/08/19

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 04/20/19  
 Conditions of Approval (if any): \_\_\_\_\_