

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 Dr.  
 Santa Fe, NM 87505

HOBBS OGD  
 RECEIVED  
 MAY 02 2019

WELL API NO. <b>30-025-45637</b>
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 <b>NEPTUNE 10 STATE COM</b>
8. Well Number <b>302H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat [59900] TRIPLE X; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3611 GL</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK OR 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 **M** : **234** feet from the **SOUTH** line and **1291** feet from the **WEST** line  
 Section **10** Township **24S** Range **33E** NMPM County **LEA**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <b>DRILL CSG</b> <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.

04/26/19 8-3/4" Hole  
 04/26/19 Production Casing @ 20,300' MD, 10,222' TVD  
 Ran 5-1/2", 20#, ICYP-110, Geoconn (MJ @ 9,509') (Airlock @ 9,507')  
 Lead Cement w/ 465 sx Class C (3.39 yld, 10.8 ppg), Tail w/ 2,705 sx Class C (1.25 yld, 14.5 ppg)  
 Test casing to 5,000 psi for 15 min - Good Did not circ cement to surface, TOC @ 5,868' by Calc  
 Waiting on CBL RR Completion to follow

Spud Date: **03/22/19**

Rig Release Date: **RR 04/28/19**

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 04/30/19

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 05/06/19

Conditions of Approval (if any): \_\_\_\_\_