

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

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

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-45765
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 320644
7. Lease Name or Unit Agreement Name BANDIT 29 STATE COM
8. Well Number 704H
9. OGRID Number 7377
10. Pool name or Wildcat [98092] WC-025 G-09 S243336I; UPPER WOLF CAMP
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3533 GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR RE-DRILL 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  
PO BOX 2267, MIDLAND, TX 79702

4. Well Location  
Unit Letter **B** : **475** feet from the **NORTH** line and **2385** feet from the **EAST** line  
Section **29** Township **24S** Range **33E** NMPM County **LEA**

HOBBS OCD  
MAY 10 2019  
RECEIVED

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 type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>DRILLING CASING</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.

04/07/19 20" CONDUCTOR  
05/01/19 12-1/4" HOLE  
05/01/19 Surface Casing @ 1,306'  
Ran 9-5/8" 40# J-55 LTC  
Lead Cement w/ 570 sx Class C (1.76 yld, 13.5 ppg), Trail w/90 sx Class C(1.36 yld, 14.8 ppg)  
Test casing to 1,500 psi for 30 min - Good Circ 303 sx cement to surface

05/05/19 Intermediate Casing @ 11,759'  
Ran 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 950')  
Ran 7-5/8", 29.7#, HCP-110 MO-FXL (950' - 11,759')  
Stage 1: Lead Cement w/ 400 sx Class H (1.23 yld, 15.6 ppg)  
Test casing to 2,500 psi for 30 min - Good Did not circ cement to surface, TOC @ 7,015' by Calc Resume Drilling 8-3/4

Spud Date: 05/01/19 04/07/19 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 05/08/19

Type or print name Emily Follis E-mail address: emily\_follis@eog.com PHONE: 432-848-9163

**For State Use Only**  
APPROVED BY:  TITLE Petroleum Engineer DATE 05/13/19  
Conditions of Approval (if any):