

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 88213
 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 OGD
MAY 22 2019
RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-45628
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 HEARNS 34 STATE COM
8. Well Number 503H
9. OGRID Number 7377
10. Pool name or Wildcat [96682] TRISTE DRAW; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 34589 GL

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 : 852 feet from the SOUTH line and 1777 feet from the west line
 Section 34 Township 24S Range 33E NMPM County LEA

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.

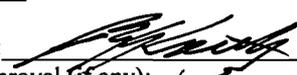
05/09/19 8-3/4" hole
 05/09/19 Production Casing @ 21,058' MD, 10,799' TVD
 Ran 5-1/2", 20#, ICYP-110, Geoconn (MJ @ 10,272') (MJ @ 10,265' and 20,629') (Airlock @ 10,331')
 Lead Cement w/ 640 sx Class H (3.38 yld, 10.8 ppg), Trail w/ 2,460 sx Class H (1.25 yld, 14.5 ppg)
 Test casing to 5,000 psi for 15 min - Good Did not circ cement to surface, TOC @ 7,675' by CBL
 RR Completion to follow

Spud Date: 04/05/19 Rig Release Date: 05/11/19

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 05/20/19

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 05/20/19
 Conditions of Approval (if any): _____