

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
 JUN 03 2019

WELL API NO. 30-025-45847
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 325384
7. Lease Name or Unit Agreement Name DURANGO 2 STATE
8. Well Number 703H
9. OGRID Number 7377
10. Pool name or Wildcat [98092] WC-025 G-09 S243336I; UPPER WOLF CAMP

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 C : 216 feet from the NORTH line and 2112 feet from the WEST line
 Section 02 Township 25S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3490' GL

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.

05/09/19 8-3/4" hole
 05/09/19 Intermediate Casing @ 11,737'
 Ran 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 1,306')
 Ran 7-5/8", 29.7#, HCP-110 MO-FXL (1,306' - 11,737')
 Stage 1: Lead Cement w/ 500 sx Class C (1.04 yld, 14.0 ppg)
 Test casing to 2,600 psi for 30 min - Good Did not circ cement to surface, TOC @ 6,562' by Calc
 Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.5 yld, 14.8 ppg), TOC @ 103' by Calc
 Stage 3: Top out w/ 21 sx Class C PreMag-M (1.37 yld, 14.8 ppg) TOC @ surface Resume drilling 6-3/4" hole

A WELL HAS ONLY ONE SPUD DATE. THE DATE YOU FIRST START DRILLING.

Spud Date:

~~05/03/19~~ 4/24/19

Rig Release Date:

[Empty Box]

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 05/28/19

Type or print name Emily Follis

E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY:

[Signature]

TITLE

DATE 06/09/19

Conditions of Approval (if any):