

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

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 TRISTE DRAW; BONE SPRING, EAST

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL IN A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10) FOR PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator **EOG RESOURCES INC**

3. Address of Operator **PO 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**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3459' GR**

**HOBS**  
**AUG 05 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>Completion</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.

05/11/2019 Rig released  
 05/14/2019 MIRU prep to frac -Test void to 5000 psi, seals & flanges to 8500 psi  
 06/22/2019 Begin perf & frac  
 07/08/2019 Finish 35 stages perf & frac, 11,146 - 21,056' 2101 3 1/8" shots 25,330,049 lbs proppant + 358,926 bbls load fluid  
 07/09/2019 Drilled out plugs and clean out wellbore  
 07/15/2019 Opened well to flowback  
 Date of First Production

Spud Date: **04/05/2019** Rig Release Date: **05/11/2019**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Kay Maddox* TITLE Regulatory Analyst DATE 07/30/2019

Type or print name Kay Maddox E-mail address: kay\_maddox@eogresources.com PHONE: 432-686-3658  
**For State Use Only**

APPROVED BY: *P. May* TITLE *F. May* DATE *8/5/2019*  
 Conditions of Approval (if any):