| Submit 3 Copies To Appropriate District  State of New Me                                                                                                                                                                                                                         |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Office Energy, Minerals and Natu                                                                                                                                                                                                                                                 | WELL APLNO                              |
| 1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 8817 CONSERVATION DIVISION District III 1220 South St. Francis Dr.  WELL API NO. 30-025-39633  5. Indicate Type of Lease                                                                         |                                         |
| 1301 W. Grand Ave., Artesia, NM 88170 1220 South St. Fra                                                                                                                                                                                                                         | 5. Indicate Type of Lease               |
| 1000 Rio Brazos Rd., Aztec, NM 87410 JUN 1 8 2010 Santa Fe, NM 8                                                                                                                                                                                                                 | 7505 STATE 🗷 FEE 🗌                      |
| 1220 S. St. Francis Dr , Santa Fe, NM<br>87505 HOBBSOCD                                                                                                                                                                                                                          | 6. State Oil & Gas Lease No.            |
| 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.)  7. Lease Name or Unit Agreement Name: Horse 29 State                        |                                         |
| 1. Type of Well:                                                                                                                                                                                                                                                                 | 8. Well Number                          |
| Oil Well X Gas Well Other 1H  2. Name of Operator 9. OGRID Number                                                                                                                                                                                                                |                                         |
| EOG Resources, Inc. 7377                                                                                                                                                                                                                                                         |                                         |
| 3. Address of Operator                                                                                                                                                                                                                                                           | 10. Pool name or Wildcat                |
| P.O. Box 2267 Midland, TX 79702 Red Hills; Bone Spring 4. Well Location                                                                                                                                                                                                          |                                         |
|                                                                                                                                                                                                                                                                                  | th line and 430 feet from the West line |
| Section 29 Township 25S                                                                                                                                                                                                                                                          | Range 34E NMPM County Lea               |
| Section 29 Township 25S  11. Elevation (Show whether                                                                                                                                                                                                                             |                                         |
| 3319' GR                                                                                                                                                                                                                                                                         |                                         |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data                                                                                                                                                                                                    |                                         |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                          |                                         |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                          | SUBSEQUENT REPORT OF:                   |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING                                                                                                                                                                                                             |                                         |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A                                                                                                                                                                                                                 |                                         |
| PULL OR ALTER CASING                                                                                                                                                                                                                                                             |                                         |
| DOWNHOLE COMMINGLE                                                                                                                                                                                                                                                               |                                         |
|                                                                                                                                                                                                                                                                                  |                                         |
| OTHER:                                                                                                                                                                                                                                                                           | OTHER: competion X                      |
| 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. |                                         |
| 4/14/10 MIRU for completion. Perforate from 13800 to 13803', 0.43", 18 holes. Shut in for Pita test.                                                                                                                                                                             |                                         |
| 5/10/10 Resume perforating and begin 12 stage frac.                                                                                                                                                                                                                              |                                         |
| 5/16/10 Finish 12 stage frac. Perforated from 9980' to 13803', 0.43", 648 holes.  Frac w/ 2378 bbls 15% HCL acid, 5585 bbls linear gel, 109832 bbls XL gel, 56300 lbs 100 mesh sd,                                                                                               |                                         |
| 609278 lbs 30/50 Interprop sand, 2053441 lbs 18/40 Versaprop sand, 132535 bbls water.                                                                                                                                                                                            |                                         |
| RIH to drill put frac plugs and clean out. 5/20/10 RIH w/ 2-7/8" production tubing & packer @ 9135' w/ gas lift valves. Flowback.                                                                                                                                                |                                         |
| 5/20/10 RIH W/ 2-7/8" production tubing & packer & 9135' W/ gas lift valves. Flowback.  5/22/10 Turned to sales.                                                                                                                                                                 |                                         |
| Spud Date: 2/12/10 Rig Relea                                                                                                                                                                                                                                                     | se Date: 4/1/10                         |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                         |                                         |
| Ha III a                                                                                                                                                                                                                                                                         |                                         |
| SIGNATURE TITLE Regulatory Analyst DATE 5/25/10                                                                                                                                                                                                                                  |                                         |
| Type or print name Stan Wagner E-mail address: PHONE 432-686-3689                                                                                                                                                                                                                |                                         |
| For State Use Only  PETPOLEUM LINEAR JUL 0 1 2010                                                                                                                                                                                                                                |                                         |
| APPROVED BY TITLE DATE DATE                                                                                                                                                                                                                                                      |                                         |
| Conditions of Approval (if any).                                                                                                                                                                                                                                                 |                                         |