District III - CY37 75 8 2 3 3 3 3 3 - CY37 75 8 2 3 3 3 3 3 - CY37 75 8 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Office	To Appropriate District	State of New M	exico		Form C-103	
Debate   - (375) 748-128   30-01-54-5787					WELL API NO.	Revised July 18, 2013	
100 No Brazos Ad, Aces, NM \$740   1220 Santa Fe, NM \$7505   5. State Oil & Gas Lease No.   1220 S.1 Francis Dr. Soil 45-4-4-5-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	District II – (57 811 S. First St.,	District II (675) 740 1000					
Descrit N - (565) 476- LHZ LASH AND REPORTS ON WELLS   STORE   SUNDRY MOTICES AND REPORTS ON WELLS   SUNDRY MOTICE OF RESOURCES INC   9. OGRID Number 7377     10. Pool name or Widloat WILLOATS OF SESSOOTO, BONE SPRING     4. Well Location   2	1000 Pio Proze	1000 Pio Prozos Pd. Artes NM 97410					
SUNDRY NOTICES AND REPORTS ON WELLS  DONNOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPPHN OR PLUG BACK TO A PROPOSALS.  1. Type of Well: Off Well So Gas Well □ Other  2. Name of Operator  BOR RESOURCES INC  3. Address of Operator  WILLOCAT G-015 S2830010. BONE SPRING  11. Elevation (Show Machater DR RKB, RT, GR, etc.)  3243' GR  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ CHANGE PLANS □ PULL OR ALTER CASING □ MULTIPLE COMPL □ CASING/CEMENT JOB  13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SER RILLE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Spud Date: 05/29/2019 Rig Release Date: 06/12/2019  NOTICE OF print name Kay Muddley  TITLE Regulatory Analyst  DATE 12/09/2019  APPROVED BY: Was Maddox  E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658  TITLE S.H.H. A. DATE 12/12/1/2 / 15	District IV – (505) 476-349 STRICTILARTESIAO CD Santa Fe, NM 87505						
QUAIL 2 STATE COM	87505						
DIFFERENT RESERVOR. USE 'APPLICATION FOR PERMIT' (ORM C-101) FOR SUCH	(DO NOT USE	SUNDRY NOTICES A THIS FORM FOR PROPOSALS TO	AND REPORTS ON WELLS O DRILL OR TO DEEPEN OR PL	HG BACK TO A		_	
1. Type of Well: Oil Well   Gas Well   Other   S. Well Number   581H	DIFFERENT R	ESERVOIR. USE "APPLICATION	FOR PERMIT" (FORM C-101) F	OR SUCH	QUAIL 2 ST	ATE COM	
A Well Location  PO BOX 2267 MIDLAND, TX 79702  4. Well Location  Unit Letter A : 200' feet from the NORTH line and 306' feet from the EAST line Section  2	1. Type of V	Well: Oil Well 🔀 Gas W	Vell Other	· .	8. Well Number	581H	
A. Well Location	2. Name of Operator EOG RESOURCES INC				9. OGRID Number	7377	
Well Location							
Unit Letter A 200' feet from the NORTH line and 306' feet from the EAST line Section 2 Township 268 Range 308 NMPM County EDDY  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON    TEMPORARILY ABANDON   CHANGE PLANS   DUITIPLE COMPL   GASING/CEMENT JOB   PAND A    PULL OR ALTER CASING   MULTIPLE COMPL   GASING/CEMENT JOB   PAND A    OTHER: Completion   THER: Completions: (Clearly state all pertinent details, and give perfinent 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.  11/11/2019 RAN 2.7/8" L-80 TBG AND GAS LIFT VALVES, SET TBG @ 9716',  PUT WELL BACK ON PRODUCTION  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   MAUDUM   TITLE   Regulatory Analyst   DATE   12/09/2019    Type or print name   Kay Maddox   E-mail address:   kay_maddox@eogresources.com PHONE:   432-686-3658    TITLE   SAAH   MAC   DATE   2/12/15    TITLE   SAAH   MAC   DATE   2/12/15    DATE   2/12/15   DATE   2	4. Well Loc		- 1010LAND, 1X 19102		WILDCAT G-015 S263	30010; BONE SPRING	
Section 2   Township 268   Range 30E   NMPM   County   EDDY							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS   PAND A   DOWNHOLE COMMINGLE   COMMENCE DRILLING OPNS   PAND A   OTHER: Completion   OTHER: OT	Section 2 Township 26S Range 30E NMPM County EDDY						
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CLOSED-LOOP SYSTEM OTHER: Completion STATE Completion  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.  11/11/2019 RAN 2 7/8" L-80 TBG AND GAS LIFT VALVES, SET TBG @ 9716', PUT WELL BACK ON PRODUCTION  Spud Date: 05/29/2019 Rig Release Date: 06/12/2019  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE MANGED TITLE Regulatory Analyst DATE 12/09/2019  Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658  For State Use Only  APPROVED BY: ALL ALL STATE AND TITLE STATE AND TO DATE 12/12/12							
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SIGNATURE MM MUDDY  TITLE Regulatory Analyst  DATE 12/09/2019  Type or print name Kay Maddox  E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658  For State Use Only  APPROVED BY: TITLE Staff Ms- DATE /2/12/15	Spud Date.	00/20/2010	Nig Kelease Da	ile. 00/12/	2019	1 MV	
SIGNATURE MM MUDDY  TITLE Regulatory Analyst  DATE 12/09/2019  Type or print name Kay Maddox  E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658  For State Use Only  APPROVED BY: TITLE Staff Ms- DATE /2/12/15							
Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658  For State Use Only  APPROVED BY: TITLE Staff M DATE 12/12/15	I hereby certif	y that the information above i	is true and complete to the b	est of my knowledge	and belief.		
Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-686-3658  For State Use Only  APPROVED BY: TITLE Staff M DATE 12/12/15	SIGNATURE	Kan Mudda	✓ TITLE Red	ulatory Analyst	DATES	12/09/2019	
APPROVED BY: State Use Only  APPROVED BY: DATE 12/12/19		The factor			· · · · · · · · · · · · · · · · · · ·	***************************************	
APPROVED BY: Staff Ms- DATE /2/12/19			E-mail address	s: kay_maddox@eog	gresources.com PHON	E: <u>432-686-3658</u>	
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Conditions of Approval (If any):		Approval (if any):	TITLE STA	tt My-	DATE_	12/12/15	