

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  
RECEIVED  
Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

JAN 20 2020  
CONSERVATION DIVISION  
1220 South St. Francis Dr.  
SANTA FE, NM 87505  
EMNRD-OCD-ARTESIA

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.)		WELL API NO. 30-015-46279
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG RESOURCES		6. State Oil & Gas Lease No. 325165
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name QUAIL 2 STATE COM
4. Well Location Unit Letter <u>D</u> : <u>485</u> feet from the <u>NORTH</u> line and <u>240</u> feet from the <u>WEST</u> line Section <u>2</u> Township <u>26S</u> Range <u>30E</u> NMPM County <u>Eddy co</u>		8. Well Number <u>705H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3207 GL		9. OGRID Number 7377
		10. Pool name or Wildcat 98220 PURPLE SAGE; WOLFCAMP (GAS)

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: <u>DRILL CSG Amended</u> <input checked="" type="checkbox"/>	

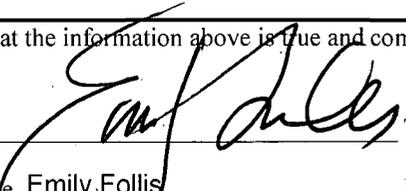
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/05/19 8-3/4" hole  
11/05/19 Intermediate Hole @ 10,383' MD, 10,360' TVD  
Casing shoe @ 10,368' MD  
Ran 1100' 7-5/8", 29.7#, ECP-110 BTC SC (0' - 1,100')  
Ran 9268' 7-5/8", 29.7#, HCP-110 MO-FXL (1,100' - 10,368')  
Stage 1: Lead Cement w/ 400 sx Class H (1.23 yld, 14.8 ppg)  
Test casing to 2500 psi for 30 min- good Did not circ cement to surface, TOC @ 5,800' by Calc  
Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.53 yld, 14.8 ppg)  
Stage 3: Top out w/ 750 sx Class C (1.34 yld, 14.8 ppg) TOC @ surface Resume drilling 6-3/4" hole

Revised for casing depth 7-5/8"

Spud Date:  Rig Release Date:

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 01/22/2020

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 \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_

214/20 KS