| Office Office | State of New Mex | ico | | Form C-103 |
|---|---------------------------------------|-----------------------------------|--------------------------|-----------------------|
| District I – (575) 393-6161 | Energy, Minerals and Natura | al Resources | | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natura | and Out | WELL API NO. | 3002545368 |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | NOISHAM | 5. Indicate Type of | |
| <u>District III</u> - (505) 334-6178 | 1220 South St. Franc | | STATE | FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 875 | OEB V= " | State Oil & Gas I | |
| 1220 S. St. Francis Dr., Santa Fe, NM | , | RECEIVE | D same on a cas | 50450 110. |
| 87505 | ICES AND REPORTS ON WELLS | RECEIO | 7 Lence Name or I | nit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name of C | int Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | CONDOR 32 STAT | TE COM |
| PROPOSALS.) 1. Type of Well: Oil Well | | | 8. Well Number | 718H |
| 2. Name of Operator | | | 9. OGRID Number | |
| EOG RESOURCES | | | 7377 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| P O BOX 2267, MIDLAND TX 79702 | | | 98094 BOBCAT DRAW | . UPPER WOLFCAMP |
| 4. Well Location Linit Letter 417 feet from the SOUTH line and 643 feet from the WEST line | | | | |
| Oint Letter | icct from the | line and 643 | | the WEST line |
| Section 32 | Township 25s Ran | | NMPM (| County |
| | 11. Elevation (Show whether DR, I | RAB, KI, GK, etc.) 9 gl | | |
| | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| | | | | |
| | ITENTION TO: | | SEQUENT REPO | ORT OF: |
| PERFORM REMEDIAL WORK | | REMEDIAL WORK | | LTERING CASING |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☑ P AND A ☐ | | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | JOB 🗵 | |
| DOWNHOLE COMMINGLE | | | | |
| CLOSED-LOOP SYSTEM | | omires DDIII | 000 | ~ |
| OTHER: | | | L CSG | <u> </u> |
| 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. | | | | |
| proposed completion of recompletion. | | | | |
| 01/22/19 SPUD, | | | | |
| 01/22/19 12-1/4" HOLE | | / m. | | |
| Surface Casing @ 961' | | | | |
| Run 9-5/8" 40# J-55 LTC Lead Cement w/ 425 sx Class C (1.76 vld. 13.5 ppg). Tail w/90 sx Class C (1.36 vld. 14.8 ppg) | | | | |
| Lead Cement w/ 425 sx Class C (1.76 yld, 13.5 ppg), Tail w/90 sx Class C (1.36 yld, 14.8 ppg) Needs retest (vendor equipment problems). Circ 239 sx cement to surface Resume drilling 8-3./4" hole | | | | |
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| | | | | ٦ |
| Spud Date: 01/22/19 | Rig Release Date | e: | | |
| 01/22/19 | | L | | j |
| | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| \mathcal{S} \mathcal{S} \mathcal{S} | | | | |
| SIGNATURE / MI TITLE Sr. Regulatory Administrator DATE 01/28/19 | | | | |
| / / / / / / / | | | | |
| Type or print name Emily Folis | E-mail address: | emily_follis@ed | ogresources.como | NE: 432-848-9163 |
| For State Use Only | | | | |
| APPROVED BY: Swen Than TITLE Steff May DATE 2-1-19 | | | | |
| APPROVED BY: THE DIFFERENCE DATE 2-1-17 Conditions of Approval (if any): | | | | |
| 11 () | · · · · · · · · · · · · · · · · · · · | ~ | | |