

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 290863<br>WELL API NUMBER<br>30-025-46777<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>FRAZIER 27 STATE COM |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|-----------------------|-----------|------------------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-----------|--------------|------|-------------------------------------------------------------------|-----|-----|----|--------|-----|-------|------|------|---|--|--|--|---|----------|------|------------|-------|-------|----|-------|---|------|------|------|---|--|------|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 1. Type of Well:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | 8. Well Number<br>203H                                                                                                                                                                                                 |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 2. Name of Operator<br>EOG RESOURCES INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | 9. OGRID Number<br>7377                                                                                                                                                                                                |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 3. Address of Operator<br>P.O. Box 2267, Midland, TX 79702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                               |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 4. Well Location<br>Unit Letter <u>B</u> : <u>1003</u> feet from the <u>N</u> line and feet <u>2219</u> from the <u>E</u> line<br>Section <u>27</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3516 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                        | NOTICE OF INTENTION TO:                   |          | SUBSEQUENT REPORT OF: |           | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                  |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                 | ALTER CASING <input type="checkbox"/>     |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                       | PLUG AND ABANDON <input type="checkbox"/> |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                             |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | Other: <u>Drilling/Cement</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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.<br>intermediate & drilling production casing <u>11/11/2020</u> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| <b>Casing and Cement Program</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>01/02/21</td> <td>Prod</td> <td>FreshWater</td> <td>8.5</td> <td>5.5</td> <td>20</td> <td>ECP110</td> <td>862</td> <td>19991</td> <td>2735</td> <td>1.23</td> <td>H</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>12/19/20</td> <td>Int1</td> <td>FreshWater</td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>HCK55</td> <td>0</td> <td>5148</td> <td>1440</td> <td>1.39</td> <td>C</td> <td></td> <td>1500</td> <td></td> <td>Y</td> </tr> </tbody> </table>                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                        | Date                                      | String   | Fluid Type            | Hole Size | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 01/02/21     | Prod | FreshWater                                                        | 8.5 | 5.5 | 20 | ECP110 | 862 | 19991 | 2735 | 1.23 | H |  |  |  | Y | 12/19/20 | Int1 | FreshWater | 12.25 | 9.625 | 40 | HCK55 | 0 | 5148 | 1440 | 1.39 | C |  | 1500 |  | Y |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                             | Hole Size                                 | Csg Size | Weight lb/ft          | Grade     | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 01/02/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Prod                                                                                                                                                                          | FreshWater                                                                                                                                                                                                             | 8.5                                       | 5.5      | 20                    | ECP110    | 862                                            | 19991                                     | 2735                                   | 1.23                                  | H                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| 12/19/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Int1                                                                                                                                                                          | FreshWater                                                                                                                                                                                                             | 12.25                                     | 9.625    | 40                    | HCK55     | 0                                              | 5148                                      | 1440                                   | 1.39                                  | C                                            |                                          | 1500                                             |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| SIGNATURE <u>Electronically Signed</u> TITLE <u>Regulatory Agent</u> DATE <u>1/4/2021</u><br>Type or print name <u>Kay Maddox</u> E-mail address <u>kay_maddox@eogresources.com</u> Telephone No. <u>432-686-3658</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |
| <b>For State Use Only:</b><br>APPROVED BY: <u>Paul F Kautz</u> TITLE <u>Geologist</u> DATE <u>1/4/2021 1:55:57 PM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |     |     |    |        |     |       |      |      |   |  |  |  |   |          |      |            |       |       |    |       |   |      |      |      |   |  |      |  |   |

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**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Comments  
  
Permit 290863

**DRILLING COMMENTS**

|                                                                      |                          |
|----------------------------------------------------------------------|--------------------------|
| Operator:<br>EOG RESOURCES INC<br>P.O. Box 2267<br>Midland, TX 79702 | OGRID:<br>7377           |
|                                                                      | Permit Number:<br>290863 |
|                                                                      | Permit Type:<br>Drilling |

**Comments**

| Created By | Comment | Comment Date |
|------------|---------|--------------|
|------------|---------|--------------|

There are no Comments for this Permit