

Submit a 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  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

|                                                                                                                                                                                                                      |  |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|
| <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.)        |  | WELL API NO.<br>30-025-47517                                                             |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                       |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br>EOG Resources, Inc.                                                                                                                                                                           |  | 6. State Oil & Gas Lease No.<br>NA                                                       |
| 3. Address of Operator<br>P.O. Box 2267, Midland, TX 79702                                                                                                                                                           |  | 7. Lease Name or Unit Agreement Name<br>Streetcar 15 Fed                                 |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>796</u> feet from the <u>South</u> line and <u>837</u> feet from the <u>West</u> line<br>Section <u>15</u> Township <u>25S</u> Range <u>33E</u> NMPM <u>Lea</u> County |  | 8. Well Number <u>506H</u>                                                               |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                   |  | 9. OGRID Number<br>7377                                                                  |
| 10. Pool name or Wildcat<br>Draper Mill; Bone Spring                                                                                                                                                                 |  |                                                                                          |

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"/> | REMEDIAL WORK <input type="checkbox"/>                    |
| TEMPORARILY ABANDON <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>                  |
| PULL OR ALTER CASING <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input type="checkbox"/>          |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    | P AND A <input type="checkbox"/>                          |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    | CASING/CEMENT JOB <input type="checkbox"/>                |
| OTHER: <input type="checkbox"/>                | OTHER: <u>PC-1309</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.

Pursuant to Administrative Order PC-1309, EOG Resources, Inc. ("EOG") respectfully request to add this well authorized to commingle production at the central tank battery located in the SESW of Section 15, Township 25 South, Range 33 East, Lea County, NM. All production from the subject well will be allocated using readings from individual well meters.

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 Lisa Trascher TITLE Regulatory Specialist DATE 3/17/2021

Type or print name Lisa Trascher E-mail address: lisa\_trascher@eogresources.com PHONE: 432-347-6331

**For State Use Only**

APPROVED BY: Dean R Mollure TITLE Petroleum Engineer DATE 03/18/2021

Conditions of Approval (if any):

District I  
1625 N. French Dr., Hobbs, NM 88240  
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State of New Mexico  
Energy, Minerals & Natural Resources  
Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

FORM C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

**OCD - HOBBS**  
**07/28/2020**  
**RECEIVED**

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

|                                                        |                                                   |                                 |                                                    |
|--------------------------------------------------------|---------------------------------------------------|---------------------------------|----------------------------------------------------|
| <sup>1</sup> API Number<br>30-025- <b>30-025-47517</b> |                                                   | <sup>2</sup> Pool Code<br>96392 | <sup>3</sup> Pool Name<br>DRAPER MILL; BONE SPRING |
| <sup>4</sup> Property Code<br>315310                   | <sup>5</sup> Property Name<br>STREETCAR 15 FED    |                                 | <sup>6</sup> Well Number<br>506H                   |
| <sup>7</sup> OGRID No.<br>7377                         | <sup>8</sup> Operator Name<br>EOG RESOURCES, INC. |                                 | <sup>9</sup> Elevation<br>3370'                    |

<sup>10</sup>Surface Location

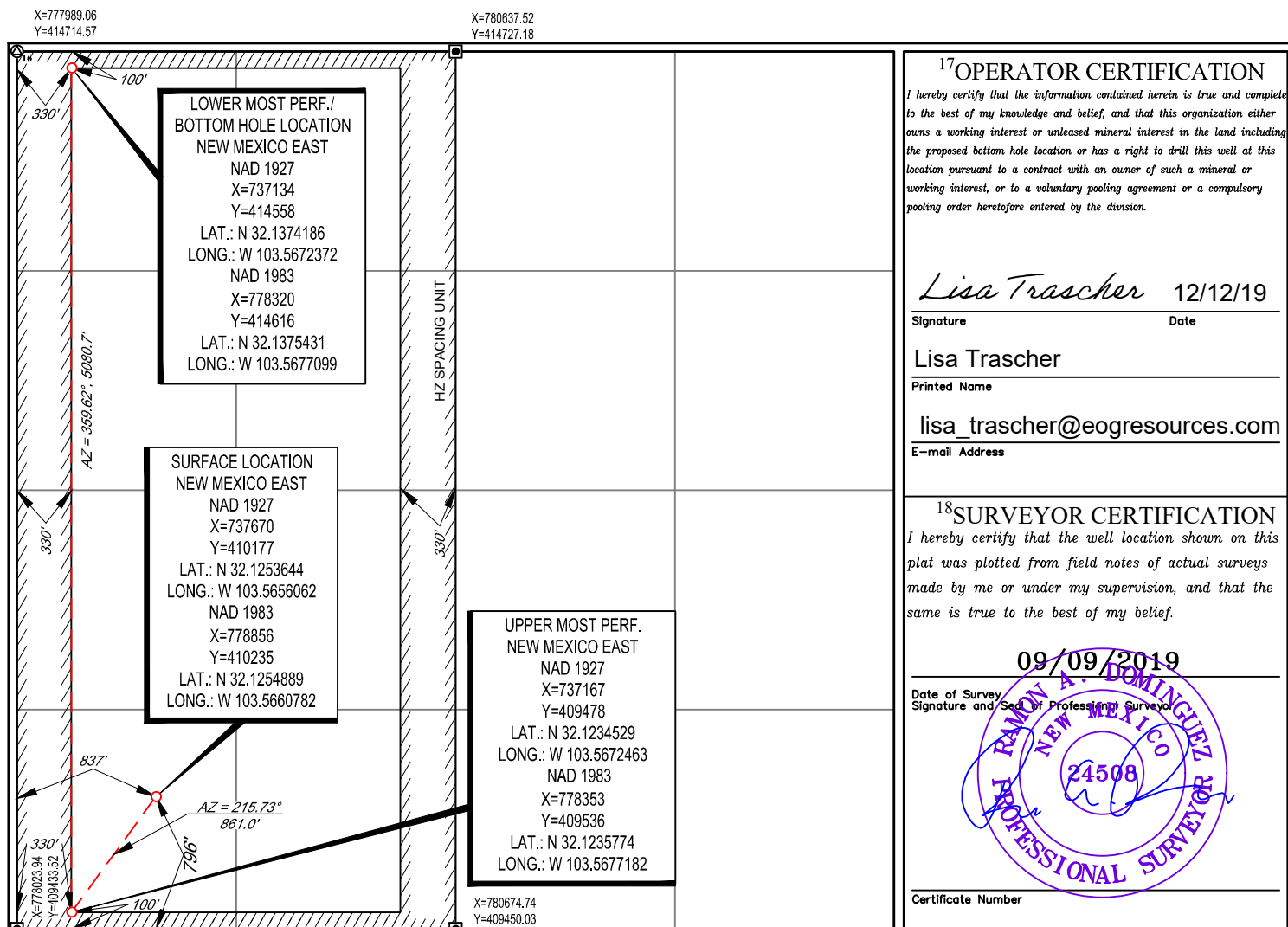
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| M             | 15      | 25-S     | 33-E  | -       | 796'          | SOUTH            | 837'          | WEST           | LEA    |

<sup>11</sup>Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| D             | 15      | 25-S     | 33-E  | -       | 100'          | NORTH            | 330'          | WEST           | LEA    |

|                                         |                               |                                  |                         |
|-----------------------------------------|-------------------------------|----------------------------------|-------------------------|
| <sup>12</sup> Dedicated Acres<br>320.00 | <sup>13</sup> Joint or Infill | <sup>14</sup> Consolidation Code | <sup>15</sup> Order No. |
|-----------------------------------------|-------------------------------|----------------------------------|-------------------------|

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>17</sup>OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Lisa Trascher* 12/12/19  
Signature Date

Lisa Trascher  
Printed Name

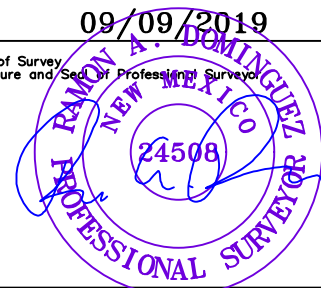
*lisa\_trascher@eogresources.com*  
E-mail Address

<sup>18</sup>SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true to the best of my belief.

09/09/2019  
Date of Survey

*RAMON A. DOMINGUEZ*  
Signature and Seal of Professional Surveyor



Certificate Number

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

CONDITIONS

Action 21012

**CONDITIONS OF APPROVAL**

|           |                   |               |                  |        |      |                |       |              |        |
|-----------|-------------------|---------------|------------------|--------|------|----------------|-------|--------------|--------|
| Operator: | EOG RESOURCES INC | P.O. Box 2267 | Midland, TX79702 | OGRID: | 7377 | Action Number: | 21012 | Action Type: | C-103Z |
|-----------|-------------------|---------------|------------------|--------|------|----------------|-------|--------------|--------|

|              |                                                                                                                                                                       |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OCD Reviewer | Condition                                                                                                                                                             |
| dmcclure     | Please review the content of the Administrative Order and approved request(s) to ensure you are familiar with the authorities granted and any conditions of approval. |