

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  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-025-47448
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Merciless 13 Fed Com
8. Well Number 509H
9. OGRID Number 7377
10. Pool name or Wildcat WC-025 G-08 S253235G: Lwr BS

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator EOG Resources, Inc.	
3. Address of Operator P.O. Box 2267, Midland, TX 79702	
4. Well Location Unit Letter <u>A</u> : <u>311</u> feet from the <u>North</u> line and <u>546</u> feet from the <u>East</u> line Section <u>13</u> Township <u>25S</u> Range <u>32E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3496' GR	

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 type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: PLC-774 <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 PLC-774, EOG Resources, Inc. ("EOG") respectfully request to add this well authorized to commingle production at the central tank battery located in the NWNE of Section 13, Township 25 South, Range 32 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 5/18/2022

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. McClure TITLE Petroleum Engineer DATE 05/19/2022

Conditions of Approval (if any):

District I  
1625 N. French Dr., Hobbs, NM 88240  
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Phone: (575) 748-1283 Fax: (575) 748-9720  
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Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
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Phone: (505) 476-3460 Fax: (505) 476-3462

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**  
**07/17/2020**  
**RECEIVED**

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number <b>30-025- 47448</b>	<sup>2</sup> Pool Code <b>97903</b>	<sup>3</sup> Pool Name <b>WC-025 G-08 S253235G; LOWER BONE SPRING</b>
<sup>4</sup> Property Code <b>328894</b>	<sup>5</sup> Property Name <b>MERCILESS 13 FED COM</b>	
<sup>6</sup> Well Number <b>509H</b>	<sup>7</sup> Elevation <b>3494'</b>	
<sup>8</sup> OGRID No. <b>7377</b>	<sup>9</sup> Operator Name <b>EOG RESOURCES, INC.</b>	

<sup>10</sup>Surface Location

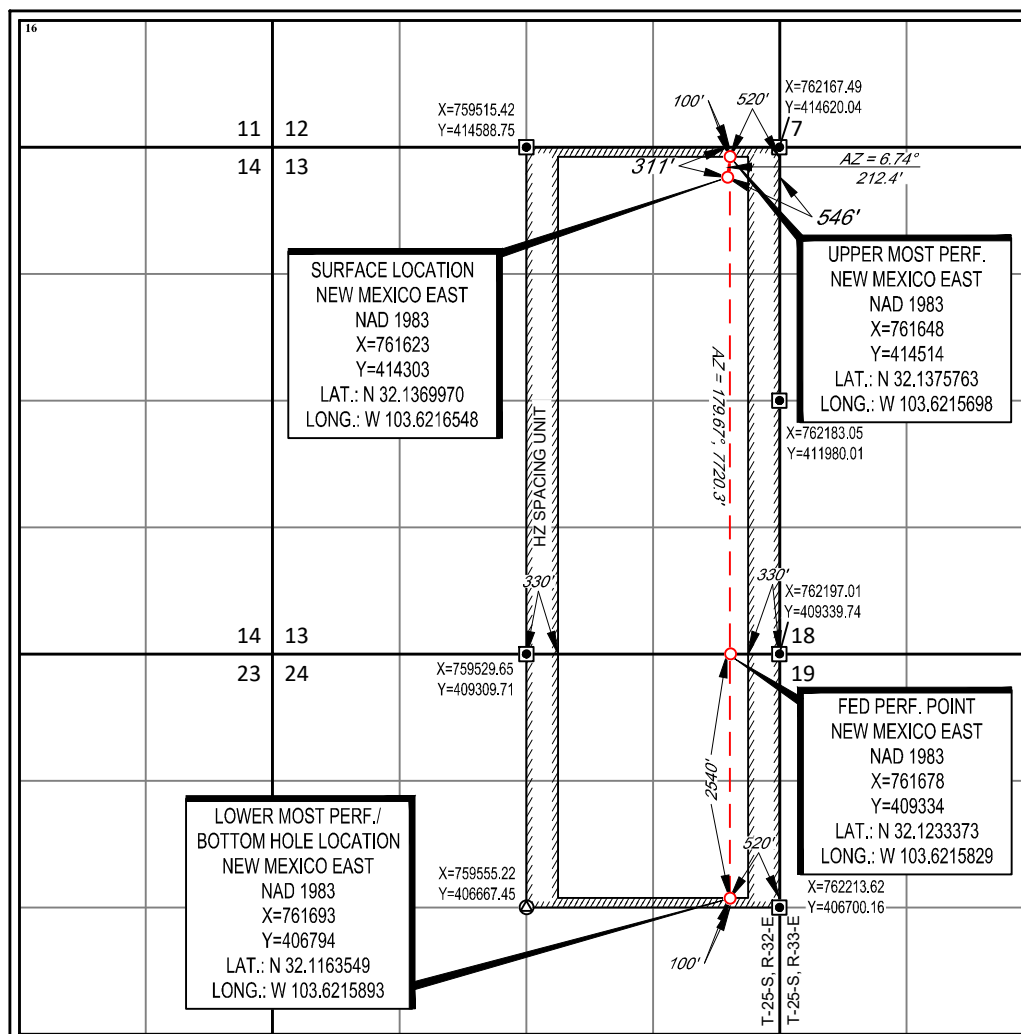
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>A</b>	<b>13</b>	<b>25-S</b>	<b>32-E</b>	<b>-</b>	<b>311'</b>	<b>NORTH</b>	<b>546'</b>	<b>EAST</b>	<b>LEA</b>

<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
<b>H</b>	<b>24</b>	<b>25-S</b>	<b>32-E</b>	<b>-</b>	<b>2540'</b>	<b>NORTH</b>	<b>520'</b>	<b>EAST</b>	<b>LEA</b>

<sup>12</sup> Dedicated Acres <b>480.00</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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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* 10/8/19  
Signature Date

Lisa Trascher  
Printed Name

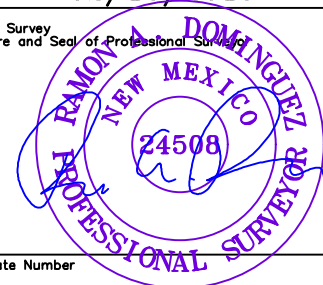
[lisa\\_trascher@eogresources.com](mailto:lisa_trascher@eogresources.com)  
E-mail Address

<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.

02/15/2019

Date of Survey  
Signature and Seal of Professional Surveyor



Certificate Number