

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

OCD – REC'D 9/14/2020

Form C-103  
 Revised July 18, 2013

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

|   |
|---|
| WELL API NO.<br>30-015-45323  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>322721  |
| 7. Lease Name or Unit Agreement Name<br>Golden Graham 1 State Com                                   |
| 8. Well Number 702H   |
| 9. OGRID Number 7377  |
| 10. Pool name or Wildcat<br>Purple Sage; Wolfcamp (Gas)   |

|   |  |
|---|--|
| <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: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  |  |
| 2. Name of Operator<br>EOG Resources, Inc.  |  |
| 3. Address of Operator<br>P.O. Box 2267, Midland, Texas 79702   |  |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>202</u> feet from the <u>South</u> line and <u>1229</u> feet from the West <u>line</u><br>Section <u>1</u> <u>26S</u> Township <u>28E</u> Range <u>NMNM</u> Eddy County |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>2941' GR  |  |

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|   |  |  |  |
|---|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: <input checked="" type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/> BAND A <input type="checkbox"/><br>OTHER: <input 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.

EOG Resources Inc, respectfully requests a one year extension to our approved APD for this well that expires on 10/16/20.

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 STAR L HARRELL TITLE Sr Regulatory Specialist DATE 9/14/2020

Type or print name Star Harrell E-mail address: star\_harrell@eogresources.com PHONE: 432-848-9161

**For State Use Only**

APPROVED BY: John Garcia TITLE Petroleum Engineer DATE 9/19/2020

Conditions of Approval (if any):

Approved until 10/16/2021