

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

Rec'd 8/24/2020 - NMOC

Form C-103
Revised July 18, 2013

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

WELL API NO. 3002546755
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 320561
7. Lease Name or Unit Agreement Name HEMLOCK 32 STATE
8. Well Number 204H
9. OGRID Number 7377
10. Pool name or Wildcat 59900 TRIPLE X; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3666 GL

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	
3. Address of Operator P O BOX 2267, MIDLAND TX 79702	
4. Well Location Unit Letter N : 392 feet from the SOUTH line and 1927 feet from the WEST line Section 32 Township 23S Range 33E NMPM County LEA CO, NM	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3666 GL	

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 checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: DRILLING	<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.

2-15-2020 CONDUCTOR 20" @ 115'
3-14-2020 17-1/2" HOLE
3-14-2020 Surface Hole @ 1,433' MD, 1,433' TVD
Casing shoe @ 1,423' MD
Ran 13-3/8" 54.5# J-55 STC
Cement w/ 1,100 sx Class C (1.82 yld, 13.5 ppg), trail w/ 255 sx Class C (1.35 yld, 14.8 ppg) Test casing to 1,500 psi for 30 min -Good
Circ 648 sx cement to surface
3-25-2020 12-1/4" hole
3-25-2020 1st Intermediate Hole @ 5,069' MD, 5,062' TVD
Casing shoe @ 5,054' MD
Ran 9-5/8", 40#, J-55 LTC (0' - 3,987')
Ran 9-5/8", 40#, HCK-55 LTC (3,987' - 5,054')
Lead Cement w/ 1,050 sx Class C (1.39 yld, 14.8 ppg), Trail w/300 sx Class C (1.39 yld, 14.8 ppg)
Test casing to 2,035 psi for 30 min - Good. Circ 687 sx cement to surface Resume drilling 8-3/4" hole

Spud Date:

3-14-2020

Rig Release Date:

8/26/2020 - PM NMOC

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Emily Follis TITLE Sr. Regulatory Administrator DATE 8-24-2020

Type or print name Emily Follis E-mail address: emily.follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY: PM TITLE LM II DATE 8/26/2020

Conditions of Approval (if any):