

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. 30-025-46385
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GEM 36 STATE COM
8. Well Number 105H
9. OGRID Number 7377
10. Pool name or Wildcat JENNINGS; UPPER BONE SPRNG SHALE

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	
2. Name of Operator EOG RESOURCES INC	
3. Address of Operator PO BOX 2267 MIDLAND, TX 79702	
4. Well Location Unit Letter D : 728' feet from the NORTH line and 554' feet from the WEST line Section 36 Township 25S Range 32E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3390' 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 checked="" 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: <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.

04/27/2021 RAN 2 7/8" L-80 TUBING AND GAS LIFT VALVES, SET TBG @ 8898",
PUT WELL BACK ON PRODUCTION

Spud Date:

10/23/2019

Rig Release Date:

11/23/2019

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

SIGNATURE KAY MADDOX TITLE Regulatory Analyst DATE 05/06/2021

Type or print name Kay Maddox E-mail address: kay_maddox@eogresources.com PHONE: 432-638-8475

For State Use Only

Kurt Simmons

NMOCD

05/07/2021

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):