

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

HOBBS OCD
APR 29 2018
RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

| | | |
|--|--|---|
| 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.) | | WELL API NO. 3002545673 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator EOG RESOURCES | | 6. State Oil & Gas Lease No. 321651 |
| 3. Address of Operator P O BOX 2267, MIDLAND TX 79702 | | 7. Lease Name or Unit Agreement Name SAVAGE 2 STATE COM |
| 4. Well Location Unit Letter C : 507 feet from the NORTH line and 1586 feet from the WEST line Section 2 Township 25S Range 32E NMPM County Lea | | 8. Well Number 504H |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3520' GL | | 9. OGRID Number 7377 |
| | | 10. Pool name or Wildcat [97964] WC-025 G-07 S243225C; LWR BONE SPRIN |

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: DRILL CSG <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.

03/25/19 17-1/2" hole
03/25/19 12-1/4" hole
Surface Casing @ 1,042'
Ran 13-3/8" 54.5# J-55 STC
Lead Cement w/ 725 sx Class C (1.76 yld, 13.5 ppg), Tail w/200 sx Class C (1.36 yld, 14.8 ppg)
Test casing to 1,500 psi for 30 min - Good Circ (100 bbls) 293 sx cement to surface

04/19/19 8-3/4" hole
04/19/19 1st Intermediate Casing @ 4,773'
Ran 9-5/8", 40#, J-55 LTC (0' - 3,945')
Ran 9-5/8", 40#, HCK-55 LTC (3,945' - 4,773')
Lead Cement w/ 1,490 sx Class C (1.88 yld, 12.9 ppg), Tail w/290 sx Class C (1.37 yld, 14.8 ppg)
Test casing to 2,160 psi for 30 min - Good Circ (222 bbls) 663 sx cement to surface Resume Drilling 8-3/4" hole

Spud Date:

03/25/19

Rig Release Date:

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

SIGNATURE

TITLE Sr. Regulatory Administrator

DATE 04/25/19

Type or print name Emily Follis

E-mail address: emily.follis@egor-resources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY:

TITLE

Petroleum Engineer

DATE

04/20/19

Conditions of Approval (if any):