

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

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-025-45755</b>
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 <b>EOG RESOURCES</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P O BOX 2267, MIDLAND TX 79702</b>		7. Lease Name or Unit Agreement Name <b>LOMAS ROJAS 26 STATE COM</b>
4. Well Location Unit Letter <b>D</b> : <b>720</b> feet from the <b>NORTH</b> line and <b>950</b> feet from the <b>WEST</b> line Section <b>26</b> Township <b>25S</b> Range <b>33E</b> NMPM County <b>LEA</b>		8. Well Number <b>505H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3342 GL</b>		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat <b>51020 - RED HILLS; LOWER BONE SPRING</b>

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.

04/26/19 8-3/4" Hole  
04/26/19 Production Casing @ 15,702' MD, 10,828' TVD  
Ran 5-1/2", 20#, ICYP-110, Geoconn (MJ @ 330 and 10,120')  
Lead Cement w/ 360 sx Class H (2.63 yld, 10.8 ppg)  
followed w/515 sx Class H (2.03 yld, 11.5 ppg), Tail w/1,340 sx Class H (1.19 yld, 14.5 ppg)  
Did not circ cement to surface, TOC @ 3,929' by Calc Waiting on CBL Completion to follow

Spud Date:

04/04/19

Rig Release Date:

04/27/19 RR

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 04/30/19

Type or print name Emily Follis

E-mail address: emily\_follis@eogresources.com

PHONE: 432-848-9163

For State Use Only

APPROVED BY:

TITLE

DATE 05/06/19

Conditions of Approval (if any):