

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

HOBS OGD RECEIVED APR 25 2019		WELL API NO. 30-025-45776	
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
CONSERVATION DIVISION 100 South St. Francis Dr. Santa Fe, NM 87505		6. State Oil & Gas Lease No. 321018	
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 PO BOX 2267, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name RED RAIDER 25 STATE COM	
		8. Well Number 503H	
4. Well Location Unit Letter P : 214 feet from the SOUTH line and 931 feet from the EAST line Section 25 Township 24S Range 33E NMPM County LEA		9. OGRID Number 7377	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3504 GL		10. Pool name or Wildcat 96434] RED HILLS; BONE SPRING, NORTH	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **BHL CHANGE** ☒

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.

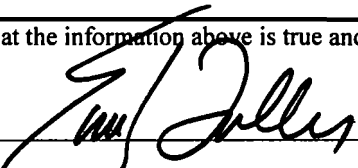
EOG respectfully requests an amendment to our approved APD for this well to reflect changes in the BHL and the casing design. And a name change to State Com

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



TITLE

Sr. Regulatory Administrator

DATE **04/25/19**

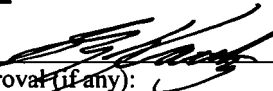
Type or print name **Emily Follis**

E-mail address: **emily_follis@eog.com**

PHONE: **432-848-9163**

For State Use Only

APPROVED BY:



TITLE

DATE

05/13/19

Conditions of Approval (if any):