Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
<u>District II</u> - (575) 748-1283	OIL CONSERVATION DIVEN	30-025-44447
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE 🔀 FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, No. 97505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe. 30 2019	
SUNDRY NOTICES AND REPORTS ON WENDS  7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APP	LICATION FOR PERMIT" (FORM C-101) FOR TUCH	RED RAIDER 25 STATE
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other		8. Well Number 702H
2. Name of Operator EOG RESOURCES INC		9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
PO BOX 2267 MIDLAND, TX 79702 WC-025 G-09 S243336I; UPPER WOLFCAMP		
4. Well Location Unit Letter P : 218' feet from the SOUTH line and 898' feet from the EAST line		
Section 25	Township 24S Range 33E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT, GR, e	
3504' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE		
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OTHER:	OTHER: Co	ompletion 🗹
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.		
02/28/2019 RAN L-80 2 7/8" TBG AND GAS LIFT VALVES, SET TBG @ 11,887'		
PUT WELL BACK ON PRODUCTION		
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Spud Date: 3/11/20	18 Rig Release Date: 10/	07/2018
0711720		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE KAROL	TITLE Sr. Regulatory Adr	ninistrator DATE 06/19/2019
Type or print name Kristina Agee E-mail address: kristina_agee@eogresources.com PHONE: 432-686-6996		
For State Use Only		
APPROVED BY:	TITLE Petroleum E	ingineer DATE Ph/26/19
Conditions of Approval (Fany):		