| Office   | State of New 7                      | <b>5</b> 460                          |   | Form C-103              |
|--|-------------------------------------|---------------------------------------|---|-------------------------|
| <u>District I</u> - (575) 393-6161   | Energy, Minerals and Natura Sources |                                       | Revised July 18, 2013 WELL API NO.                    |                         |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283   | OIL CONSERVATION DIVISION D         |                                       | 30-025-45525  |                         |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178   | 1220 South Francis E                |                                       | 5. Indicate Type of Lease                             |                         |
| 1000 Rio Brazos Rd., Aztec, NM 87410  District IV – (505) 476-3460  Santa Fe, NN 205   |                                     | STATE X FEE                           |   |                         |
| 1220 S. St. Francis Dr., Santa Fe, NM  |                                     | - WED                                 | o. State on a ous                                     | Louse 110.              |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS  |                                     |                                       | 7. Lease Name or U                                    | Unit Agreement Name     |
| (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  |                                     |                                       | OSPREY 10   |                         |
| PROPOSALS.)  |                                     |                                       | 8. Well Number 706H                                   |                         |
| 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator   |                                     |                                       | 9. OGRID Number                                       |                         |
| EOG RESOURCES INC  |                                     |                                       | 7377  |                         |
| 3. Address of Operator PO BOX 2267 MIDLAND, TX 79702   |                                     |                                       | 10. Pool name or Wildcat WC025 G09 S253402N; WOLFCAMP |                         |
| 4. Well Location  Unit Letter P: 325' feet from the SOUTH line and 1316' feet from the EAST line   |                                     |                                       |   |                         |
| Unit Letter P : 325' feet from the SOUTH line and 1316' feet from the EAST line  Section 10 Township 25S Range 34E NMPM County LEA   |                                     |                                       |   |                         |
| Section 10   | 11. Elevation (Show whether DE      |                                       |   | County LEA              |
| · · · · · · · · · · · · · · · · · · ·  | 3333' 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   |                                     |                                       |   |                         |
| TEMPORARILY ABANDON  |                                     |                                       |   | AND A                   |
| PULL OR ALTER CASING   | MULTIPLE COMPL                      | CASING/CEMENT                         | ГЈОВ 🗌  |                         |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM  |                                     |                                       |   |                         |
| OTHER:   |                                     | OTHER: Com                            | pletion   | $\square$               |
| 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.   |                                     |                                       |   |                         |
| 00/40/0040 Pin astronomia  |                                     |                                       |   |                         |
| 03/16/2019 Rig released 03/21/2019 MIRU prep to frac -Test void to 5000 psi, seals & flanges to 8500 psi   |                                     |                                       |   |                         |
| 07/06/2019 Begin perf & frac   |                                     |                                       |   |                         |
| 07/14/2019 Finish 26 stages perf & frac, 12,590 - 20,043' 1560 3 1/8" shots 18,308,300 lbs   |                                     |                                       |   |                         |
| proppant + 332,621 bbls load fluid 07/15/2019 Drilled out plugs and clean out wellbore   |                                     |                                       |   |                         |
| 07/16/2019 Opened well to flowback   |                                     |                                       |   |                         |
| Date of First Production   |                                     |                                       |   |                         |
|  |                                     |                                       |   |                         |
|  |                                     |                                       |   |                         |
| 27/20/2040   |                                     | 02/46                                 | /2040   | 7                       |
| Spud Date: 07/28/2019  | Rig Release Da                      | ate: 03/16/                           | /2019<br>   |                         |
|  |                                     |                                       |   |                         |
| I hereby certify that the information  | above is true and complete to the b | est of my knowledge                   | and belief.   |                         |
| Va. May 190  |                                     |                                       |   |                         |
| SIGNATURE TITLE Regulatory Analyst DATE 08/02/2019   |                                     |                                       |   |                         |
| Type or print name Kay Maddo   | E-mail addres                       | s: kay_maddox@eog                     | gresources.com PHO                                    | NE: <u>432-686-3658</u> |
| For State Use Only   |                                     |                                       |   | -1 1 ^                  |
| APPROVED BY: Conditions of Approval (if any):  | TITLE                               | y.m.                                  | DATE  | 8/14/2019               |
| Conditions of Exphinal (it ally).  |                                     |                                       |   |                         |