

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

RECVD 12/9/20

Form C-103
Revised July 18, 2013

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

WELL API NO. 3002546771
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 317562
7. Lease Name or Unit Agreement Name FRAZIER 27 STATE COM
8. Well Number 102H
9. OGRID Number 7377
10. Pool name or Wildcat 96682 TRISTE DRAW, BONE SPRING EAST

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 5509 Champion Drive, Midland, Texas 79703	
4. Well Location Unit Letter <u>B</u> : <u>1003</u> feet from the <u>NORTH</u> line and <u>2285</u> feet from the <u>EAST</u> line Section <u>27</u> Township <u>24S</u> Range <u>33E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3515'	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: DRILLING CASING <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.

11-27-2020 12-1/4" hole
1st Intermediate Hole @ 5,148' MD, 5,100' TVD
Casing shoe @ 5,133' MD
Ran 9-5/8", 40#, J-55 LTC (0' - 3,865')
Ran 9-5/8", 40# HCK-55 LTC (3,865' - 5,133')
Lead Cement w/ 1,115 sx Class C (2.18 yld, 12.7 ppg), followed by 305 sx Class C (1.39 yld, 14.8 ppg)
Test casing to 1,500 psi for 30 min - OK. Circ 425 sx cement to surface

12-05-2020 8-1/2" hole
Production Hole @ 19,425' MD, 9,485' TVD
Casing Shoe @ 19,410' MD, 9,485' TVD
Ran 5-1/2", 20#, ECP-110, DWC (MJ @ 8,772' and 18,925')
Cement w/ 390 sx Class L (3.75 yld, 10.5 ppg), trail w/ 2,285 sx Class H (1.23 yld, 14.5 ppg)
No casing test Did not circ cement to surface, TOC @ 4,118' by Calc waiting on CBL

Spud Date:

11/22/2020

Rig Release Date:

12/5/2020

12/10/2020 -PM NMOCD

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

SIGNATURE Emily Follis TITLE SR REGULATORY ADMINISTRATOR DATE 12/09/2020

Type or print name _____ E-mail address: emily_follis@eogresources.com PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):