

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

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

<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. 3002546805
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 EOG RESOURCES		6. State Oil & Gas Lease No. 317562
3. Address of Operator 5509 Champion Drive, Midland, Texas 79703		7. Lease Name or Unit Agreement Name FRAZIER 27 STATE COM
4. Well Location Unit Letter <u>A</u> : <u>1082</u> feet from the <u>NORTH</u> line and <u>850</u> feet from the <u>EAST</u> line Section <u>27</u> Township <u>24S</u> Range <u>33E</u> NMPM LEA County		8. Well Number <u>101H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3531'		9. OGRID Number 7377
		10. Pool name or Wildcat 96682 TRISTE DRAW, BONE SPRING EAST

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.

11/24/2020 12-1/4" HOLE  
 1st Intermediate Hole @ 5,168' MD, 5,115' TVD  
 Casing shoe @ 5,148' MD  
 Ran 9-5/8", 40#, J-55 LTC (0' - 3,670')  
 Ran 9-5/8", 40#, HCK-55 LTC (3,670' - 5,148')  
 Lead Cement w/ 1,510 sx Class C (1.99 yld, 12.7 ppg), trail w/300 sx ClassC (1.35 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min - good Circ 440 sx cement to surface

12/03/2020 7-7/8" HOLE  
 Production Hole @ 19,504' MD, 9,537' TVD  
 Casing Shoe @ 19,489' MD, 9,537' TVD  
 6", 24.5#, ECP-110, DWC (MJ @ 8,747' and 19,045')  
 Cement w/ 445 sx Class C (3.48 yld, 10.5 ppg), trail w/1,945 sx Class C (1.19 yld, 14.5 ppg)  
 No casing test Did not circ cement to surface, TOC @ 700' by Calc waiting on CBL

Spud Date:

11/21/2020

Rig Release Date:

12/4/2020

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):