

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

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

Form C-103  
Revised July 18, 2013

|   |
|---|
| WELL API NO.<br>30-025-42387  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Frazier 34 State Com  |
| 8. Well Number 502H   |
| 9. OGRID Number<br>7377   |
| 10. Pool name or Wildcat<br>Triste Draw; Bone Spring, East  |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 PROPOSALS.) |  |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  |  |
| 2. Name of Operator<br>EOG Resources, Inc.  |  |
| 3. Address of Operator<br>P.O. Box 2267 Midland, TX 79702   |  |
| 4. Well Location<br>Unit Letter A : 250 feet from the North line and 865 feet from the East line<br>Section 34 Township 24S Range 33E NMPM County Lea   |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3505' GR  |  |

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

3/5/15 Resumed operations. Test casing to 1500 psi for 30 minutes. Test good.  
3/8/15 Ran 118 jts 9-5/8", 40#, (25) HCL & (93) J55 LTC casing set at 5050'.  
Cement lead w/ 750 sx Class C, 12.7 ppg, 2.23 CFS yield;  
tail w/ 330 sx Class C, 14.8 ppg, 1.33 CFS yield. Did not circulate.  
Notified NMOCD and received permission to proceed without having to top out.  
3/9/15 Tested casing to 1500 psi for 30 minutes. Test good.  
Resumed drilling 8-3/4" hole.

-220' by Temp. Survey

Spud Date:

2/16/15

Rig Release Date:

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

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 03/10/15  
Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689  
**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 03/16/15  
Conditions of Approval (if any): \_\_\_\_\_

MAR 17 2015

MB

jm