

HOBBES
JUL 23 2018
RECEIVED

WELL API NO. 30-025-44950 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Thor 21 ✓
8. Well Number 201H ✓
9. OGRID Number 7377 ✓
10. Pool name or Wildcat Red Hills; Upper Bone Spring Shale ✓

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, Inc. ✓	
3. Address of Operator P.O. Box 2267 Midland, TX 79702	
4. Well Location Unit Letter A : 511 feet from the North line and 626 feet from the East line Section 21 Township 26S Range 33E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3285' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☒ P AND A ☐
 CASING/CEMENT JOB ☒
 OTHER: ☒

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.

7/18/18 Spud 17-1/2" hole.

Ran 13-3/8", 54.5#, J55 STC casing set at 915'.

Cement lead w/ 640 sx Class C, 13.8 ppg, 1.64 CFS yield;

tail w/ 200 sx Class C, 14.8 ppg, 1.36 CFS yield.

Circulated 342 sx cement to surface. Tested casing to 1500 psi.

7/19/18 Resumed drilling 12-1/4" hole.

Spud Date:

7/18/18

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
 Stan Wagner

TITLE

Regulatory Analyst

DATE

7/20/18

Type or print name

E-mail address:

PHONE:

432-686-3689

For State Use Only

APPROVED BY:

Karen Sharp
 Karen Sharp

TITLE

Staff Mgr
 Staff Mgr

DATE

7-23-18
 7-23-18

Conditions of Approval (if any):