

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 88203
District III - (505) 334-6172
1000 Rio Brazos Rd., Azusa, 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

WELL API NO. 30-025-31694
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LOTUS SWD
8. Well Number 2
9. OGRID Number 25575
10. Pool name or Wildcat 96100 SWD, DELAWARE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538 GL

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 ☒ Gas Well ☐ Other SWD
2. Name of Operator
EOG Y Resources
3. Address of Operator
5509 CHAMPION DRIVE, MIDLAND, TEXAS 79703
4. Well Location
Unit Letter G : 1980 feet from the NORTH line and 1980 feet from the EAST line
Section 32 Township 22S Range 32E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3538 GL

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: MIT ☒

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.

06/11/18 - RAN MIT TEST, SEE ATTACHED CHART - GARY ROBINSON-OCD

Spud Date:

09/19/1992

Rig Release Date:

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

8/16/18

Type or print name

E-mail address: emily_follis@eog.com

PHONE: 432-848-9163

For State Use Only

APPROVED BY:

Gary Robinson

TITLE

Compliance Supervisor

DATE

8/20/18

Conditions of Approval (if any):