

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

HOBBBS OGD
MAR 24 2019
RECEIVED
State of New Mexico
Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 S. St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

| |
|---|
| WELL API NO. 30-025-45529 |
| 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 GEM 36 STATE COM |
| 8. Well Number 501H |
| 9. OGRID Number 7377 |
| 10. Pool name or Wildcat [97903] WC-025 G-08 S253235G; LWR BONE |

| | |
|---|--|
| 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 P O BOX 2267, MIDLAND TX 79702 | |
| 4. Well Location Unit Letter A . 639 feet from the NORTH line and 1156 feet from the EAST line Section 36 Township 25S Range 32E NMPM County LEA | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3426 GL | |

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 checked="" 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: DRILL CSG | <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.

03/18/19 SPUD 12-1/4" HOLE
03/19/19

Surface Casing @ 1,017' 7'
Ran 13-3/8" 54.5# J-55 STC
Cement w/ 740 sx Class C (1.76 yld, 13.5 ppg), tail w/200 sx Class C (1.36 yld, 14.8 ppg)
Test casing to 1,500 psi for 30 min - Good
TOC?

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE **Sr. Regulatory Administrator**

DATE **03/21/19**

Type or print name **Emily Follis**

E-mail address: **emily_follis@eogresources.com** PHONE: **432-848-9163**

For State Use Only

APPROVED BY:

TITLE

Petroleum Engineer

DATE

03/24/19

Conditions of Approval (if any):