Office <u>District I</u> – (575 1625 N. French <u>District II</u> – (57 811 S. First St., <u>District III</u> – (50 1000 Rio Brazo <u>District IV</u> – (50 1220 S. St. Fran 87505	Dr., Hobbs, NM 8824 5) 748-1283 Artesia, NM 88210 95) 334-6178 s Rd., Aztec, NM 874 5) 476-3460 cis Dr., Santa Fe, NM SUNDRY N		State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. S OCD Inta Fe, NM 87505			 5. Indicate Typ STATE 6. State Oil & 	0-025-45630 De of Lease	
DIFFERENT RESERVOIR. USE "APPLICATION FOR DEPAIT" (FORM C-101) FOR SUCH PROPOSALS.)							HEARNS 34 STATE 8. Well Number 406H	
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator EOG RESOURCES							9. OGRID Number 7377	
3. Address of Operator P O BOX 2267, MIDLAND TX 79702							10. Pool name or Wildcat 59900] TRIPLE X; BONE SPRING	
4. Well Location								
1							rom the EAST line	
Sec	tion 34	11	Township		Inge 33E	NMPM	County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3485 GL								
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
TEMPORAR PULL OR AL DOWNHOLE CLOSED-LO OTHER:	NOTICE O REMEDIAL WORI ILY ABANDON TER CASING COMMINGLE OP SYSTEM	K D PUL D CH D MU	JG AND ABANDON ANGE PLANS LTIPLE COMPL		REMEDIAL WO COMMENCE DI CASING/CEMEI OTHER: DR	RILLING OPNS.	ALTERING CASING D P AND A	
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.								
04/05/19 17-1/2" HOLE 04/06/19 12-1/4" HOLE 04/06/19 Surface Casing @ 1,303' Ran 13-3/8" 54.5# J-55 STC Lead Cement w/ 1,050 sx Class C (1.73 yld, 13.5 ppg), Tail w/235 sx Class C (1.33 yld, 14.8 ppg) Test casing to 1,500 psi for 30 min - Good Circ 714 sx cement to surface Resume Drilling 8-3/4" hole								
					[· · ·	
Spud Date:	04/05	/19	Rig	Release Da	ite:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE MULL TITLE Sr. Regulatory Administrator DATE 04/10/19								
Type or print name Emily Follis E-mail address: emily_follis@eogresources.comONE: 432-848-9163								
For State Use Only								
APPROVED BY:								