

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

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|---|
| WELL API NO. 30-025-45762 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 320644 |
| 7. Lease Name or Unit Agreement Name BANDIT 29 STATE COM |
| 8. Well Number 602H |
| 9. OGRID Number 7377 |
| 10. Pool name or Wildcat 96682 TRISTE DRAW; BONE SPRING, EAST |

| | |
|---|--|
| 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 PO BOX 2267, MIDLAND, TX 79702 | |
| 4. Well Location Unit Letter <u>B</u> : <u>476</u> feet from the <u>NORTH</u> line and <u>2352</u> feet from the <u>EAST</u> line Section <u>29</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3533 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 type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: DRILLING CASING <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.

04/30/19 SPUD 20" HOLE
04/30/19 12-1/4" HOLE
04/30/19 Surface Casing @ 1,306'
Ran 9-5/8" 40# J-55 LTC
Lead Cement w/ 570 sx Class C (1.76 yld, 13.5 ppg), Tail w/ 90 sx Class C (1.36 yld, 14.8 ppg)
Test casing to 1,500 psi for 30 min - OK. Circ 329 sx cement to surface Resum edrilling 8-3/4" hole

Spud Date:

04/30/19

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 05/06/19

Type or print name Emily Follis

E-mail address: emily_follis@eog.com

PHONE: 432-848-9163

For State Use Only

APPROVED BY:

TITLE

Petroleum Engineer

DATE

04/17/19

Conditions of Approval (if any):