

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

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

| |
|---|
| WELL API NO 30-025-45840 |
| 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 701Y |
| 9. OGRID Number 7377 |
| 10. Pool name or Wildcat [98092] WC-025 G-09 S243336I; UPPER WOLFCAMP |

| | |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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 A : 442 feet from the NORTH line and 331 feet from the EAST line Section 29 Township 24S Range 33E NMPM County LEA | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3528 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.

04/22/19 20" CONDUCTOR

05/02/19 12-1/4"

05/02/19 Surface Casing @ 1,305'

Ran 9-5/8" 40# J-55 LTC

Lead Cement w/ 600 sx Class C (1.70 yld, 13.5 ppg), Tail w/ 100 sx Class C (1.35 yld, 14.8 ppg)

Test casing to 1,500 psi for 30 min - Good Circ 317 sx cement to surface Resume Drilling 8-3/4" hole

05/07/19 Intermediate Casing @ 11,824'

Ran 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 973')

Ran 7-5/8", 29.7#, HCP-110 MO-FXL (973' - 11,824')

Stage 1: Lead Cement w/ 490 sx Class C (1.04 yld, 14.0 ppg)

Test casing to 2,500 psi for 30 min - Good Did not circ cement to surface, TOC @ 6,550' by Calc Resume Drilling 6-3/4" hole

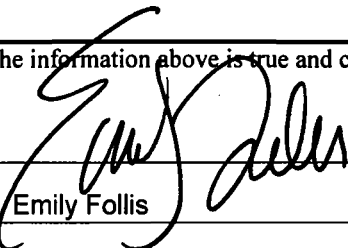
Spud Date:

05/01/19 04/22/19

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

05/28/19

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

05/13/19

Conditions of Approval (if any):