Office <u>District I</u> – (575 1625 N. French <u>District II</u> – (57 811 S. First St.,	Dr., Hobbs, NM 88240 5) 748-1283 Artesia, NM 88210 05) 334-6178 s Rd., Azte 3460 05) 476-3460 ncis Dr., Santa Fe, NM	Energy, Mi CD OIL CON 1220 Sa	ate of New Mexico inerals and Natural Resources ISERVATION DIVISION South St. Francis Dr. anta Fe, NM 87505 RTS ON WELLS		Form C-103 Revised July 18, 2013 WELL API NO. 30-025-45739 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 320555 7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PARTICALS 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					PYTHON 36 STATE COM 8. Well Number #704H	
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 98180] WC-025 G-09 S253309P; UPR WOLFCAMP	
4. Well Loc Uni Sec	ation t Letter_N	: <mark>590 feet fro</mark> Towns	om the SOUTH	ange 32E , <i>RKB, RT, GR, etc.)</i>	NMPM Cou	WEST line anty LEA CO, NM
TEMPORAR PULL OR AL DOWNHOLE	NOTICE OF REMEDIAL WORK ILY ABANDON TER CASING COMMINGLE	INTENTION TO	to Indicate N	ature of Notice, SUB REMEDIAL WOR COMMENCE DRI CASING/CEMENT	LLING OPNS. 🛛 🛛 P AN	
 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. 						
05/08/19 12-1/4" HOLE 05/08/19 Surface Casing @ 1,126' Ran 9-5/8" 40# J-55 LTC Lead Cement w/ 370 sx Class C (1.76 yld, 13.5 ppg), Trail w/90 sx Class C (1.36 yld, 14.8 ppg) Test casing to 1,500 psi for 30 min - OK. Circ 134 sx cement to surface Resume Drilling 8-3/4" hole						
Spud Date:	05/08/19		Rig Release Da	ite:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE	7 Mul	Jullis		egulatory Admini	strator DATE 0	5/20/19
Type or print i For State Use	name Emily Follis	/ -	_ E-mail address	: emily_follis@ed	ogresources.comONE	432-848-9163
APPROVED I Conditions of	BY: Approval (if any):	tunt	TITLE		DATE	oglarlig