

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. 30-025-45847 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 325384 |
| 7. Lease Name or Unit Agreement Name DURANGO 2 STATE |
| 8. Well Number 703H |
| 9. OGRID Number 7377 |
| 10. Pool name or Wildcat [98092] WC-025 G-09 S243336I; UPPER WOLFCAMP |

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|---|--|
| 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 <u>C</u> : <u>216</u> feet from the <u>NORTH</u> line and <u>2112</u> feet from the <u>WEST</u> line Section <u>02</u> Township <u>25S</u> Range <u>33E</u> NMPM County <u>LEA</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3490' 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.

05/09/19 8-3/4" hole
05/09/19 Intermediate Casing @ 11,737'
Ran 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 1,306')
Ran 7-5/8", 29.7#, HCP-110 MO-FXL (1,306' - 11,737')
Stage 1: Lead Cement w/ 500 sx Class C (1.04 yld, 14.0 ppg)
Test casing to 2,600 psi for 30 min - Good Did not circ cement to surface, TOC @ 6,562' by Calc
Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.5 yld, 14.8 ppg), TOC @ 103' by Calc
Stage 3: Top out w/ 21 sx Class C PreMag-M (1.37 yld, 14.8 ppg) TOC @ surface Resume drilling 6-3/4" hole

A WELL HAS ONLY
ONE SPUD DATE.
THE DATE YOU
FIRST START DRILLING
HOLE.

Spud Date:

05/03/19 4/24/19

Rig Release Date:

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

SIGNATURE

Emily Follis

TITLE Sr. Regulatory Administrator

DATE 05/28/19

Type or print name Emily Follis

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

For State Use Only

APPROVED BY:

[Signature]

TITLE

DATE

06/07/19

Conditions of Approval (if any):