

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 S. St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

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 WELL (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.

05/11/19 8-3/4" HOLE  
05/11/19 Intermediate Casing @ 11,674'  
Ran 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 836')  
Ran 7-5/8", 29.7#, HCP-110 MO-FXL (836' - 11,674')  
Stage 1: Lead Cement w/ 400 sx Class H (1.23 yld, 15.6 ppg)  
Test casing to 2,510 psi for 30 min - good Did not circ cement to surface, TOC @ 6,898' by Calc  
Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.53 yld, 14.8 ppg)  
Stage 3: Top out w/ 375 sx Class C (1.33 yld, 14.8 ppg) Lines flushed w/ 5 bbls fresh water TOC @ surface Resume Drilling

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

*Emily Follis*

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:

*[Signature]*

TITLE

Petroleum Engineer

DATE

05/04/19

Conditions of Approval (if any):