

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

**HOBBS QCD**  
State of New Mexico  
Energy, Minerals and Natural Resources  
AUG 28 2019  
**RECEIVED**  
CONSERVATION DIVISION  
1220 S. St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-45774
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 320713
7. Lease Name or Unit Agreement Name RED RAIDER 25 STATE COM
8. Well Number 501H
9. OGRID Number 7377
10. Pool name or Wildcat [96434] RED HILLS; BONE SPRING, NORTH

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>P</u> : <u>208</u> feet from the <u>SOUTH</u> line and <u>997</u> feet from the <u>EAST</u> line Section <u>25</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA COUNTY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3504 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.

08/20/19 8-3/4" HOLE  
08/20/19 Production Casing @ 21,357' MD, 10,975' TVD  
Ran 5-1/2", 20#, ICYP-110, TXP (MJ @ 10,498' and 20,888')  
Lead Cement w/ 685 sx Class H (3.48 yld, 10.5 ppg), Trail w/2,610 sx Class H (1.19 yld, 14.5 ppg)  
Test casing to 2,100 psi for 10 min -Good Did not circ cement to surface, TOC @ 10,674' by Calc  
Waiting on CBL RR

Spud Date:

5/27/19  
06/17/19

Rig Release Date:

08/23/19

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 08/26/19

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

09/06/19

Conditions of Approval (if any):