

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. 30-025-46333
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 321651
7. Lease Name or Unit Agreement Name SAVAGE 2 STATE COM
8. Well Number 704H
9. OGRID Number 7377
10. Pool name or Wildcat 98180 WC-025 G-09 S253309P; UPR WOLFCAMP

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK OR A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-104) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
EOG RESOURCES

3. Address of Operator
P O BOX 2267, MIDLAND TX 79702

4. Well Location
Unit Letter **B** : **310** feet from the **NORTH** line and **2272** feet from the **EAST** line
Section **2** Township **25S** Range **32E** NMPM County **LEA CO NM**

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 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.

10/03/19 8-3/4" hole

10/03/19 Intermediate Hole @ 11,720' MD, 11,650' TVD
Casing shoe @ 11,705' MD
Ran 7-5/8", 29.7#, HCP-110 BTC SC (0' - 975')
Ran 7-5/8", 29.7#, ECP-110 MO-FXL (975' - 11,705')
Stage 1: Lead Cement w/ 420 sx Class H (1.20 yld, 15.6 ppg)
Test casing to 2,500 psi for 30 min - Good. Did not circ cement to surface, TOC @ 7,000' by Calc
Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.41 yld, 14.8 ppg)
Stage 3: Top out w/ 70 sx Class C (1.37 yld, 14.8 ppg) TOC @ surface
Resume Drilling 8-3/4" hole Resume Drilling 8-3/4" hole

Spud Date:

09/16/19

Rig Release Date:

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

SIGNATURE

Emily J. Follis

TITLE Sr. Regulatory Administrator

DATE 10/15/19

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

Petroleum Engineer

DATE

10/24/19

Conditions of Approval (if any):