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| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                           | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 376326                |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               | WELL API NUMBER<br>30-015-55400                              |
| 1. Type of Well:<br>Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | 5. Indicate Type of Lease<br>State                           |
| 2. Name of Operator<br>EOG RESOURCES INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | 6. State Oil & Gas Lease No.                                 |
| 3. Address of Operator<br>5509 Champions Drive, Midland, TX 79706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 7. Lease Name or Unit Agreement Name<br>PERDOMO 25 STATE COM |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>630</u> feet from the <u>S</u> line and feet <u>482</u> from the <u>W</u> line<br>Section <u>25</u> Township <u>24S</u> Range <u>27E</u> NMPM _____ County <u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | 8. Well Number<br>501H                                       |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3142 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               | 9. OGRID Number<br>7377                                      |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                              |
| Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                              |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br>NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____<br>SUBSEQUENT REPORT OF:<br>ALTER CASING <input type="checkbox"/><br>PLUG AND ABANDON <input type="checkbox"/><br>Other: <u>Spud</u> <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 1103. For Multiple Completions:<br>Attach wellbore diagram of proposed completion or recompletion.<br><br><u>9/12/2024</u> Spudded well.<br><br><u>9-12-2024</u> 20" Conductor @ 118'                                                                                                                                                                                                         |                                                                                                                                                                               |                                                              |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                |                                                                                                                                                                               |                                                              |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Electronically Signed                                                                                                                                                         | TITLE                                                        |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Patricia Donald                                                                                                                                                               | E-mail address                                               |
| For State Use Only:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | DATE                                                         |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sarah K McGrath                                                                                                                                                               | TITLE                                                        |
| Petroleum Specialist - A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | DATE                                                         |