

Sante Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/oecd/contact-us	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 411921 WELL API NUMBER 30-015-57836 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name PADRON 28 STATE WC UNIT		
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: Gas		8. Well Number 702H		
2. Name of Operator EOG RESOURCES INC		9. OGRID Number 7377		
3. Address of Operator 5509 Champions Drive, Midland, TX 79706		10. Pool name or Wildcat		
4. Well Location Unit Letter <u>O</u> : <u>744</u> feet from the <u>S</u> line and feet <u>2223</u> from the <u>E</u> line Section <u>28</u> Township <u>24S</u> Range <u>27E</u> NMPM County <u>Eddy</u>				
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3308 GR				
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 _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____ </td> <td style="width:50%; border: none;"> SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <u>Spud</u> <input checked="" type="checkbox"/> </td> </tr> </table>			NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <u>Spud</u> <input checked="" type="checkbox"/>
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> 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: Attach wellbore diagram of proposed completion or recompletion. 3/8/2026 Spudded well. 3/8/2026 20" CONDUCTOR @115'				
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	<u>Electronically Signed</u>	TITTLE	<u>Senior Regulatory Administrator</u>	
Type or print name	<u>Kristina Agee</u>	E-mail address	<u>Kristina_agee@eogresources.com</u>	
		DATE	<u>3/23/2026</u>	
		Telephone No.	<u>432-686-6996</u>	
For State Use Only:				
APPROVED BY:	<u>Keith Dziokonski</u>	TITTLE	<u>Senior Petroleum Specialist</u>	
		DATE	<u>3/30/2026</u>	