

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. 30-025-44567
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Gem 36 State Com
8. Well Number 601H
9. OGRID Number 7377
10. Pool name or Wildcat Jennings; Upper Bone Spring Shale

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 ☒ Gas Well ☐ Other ☐	
2. Name of Operator EOG Resources, Inc.	
3. Address of Operator P.O. Box 2267 Midland, TX 79702	
4. Well Location Unit Letter M 330 feet from the South line and 294 feet from the West line Section 36 Township 25S Range 32E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3341' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: Surface Commingling ☒	

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.

EOG Resources requests an amendment to surface pool/lease commingle order PL-1312 adding the wells listed below:

Gem 36 State Com 601H	30-025-44567	Jennings; Upper Bone Spring Shale (97838)
Gem 36 State Com 705H	30-025-44440	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 706H	30-025-44441	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 721H	30-025-44568	WC-025 G-09 S253236A; Upper Wolfcamp (97158)

Spud Date:

Rig Release Date:

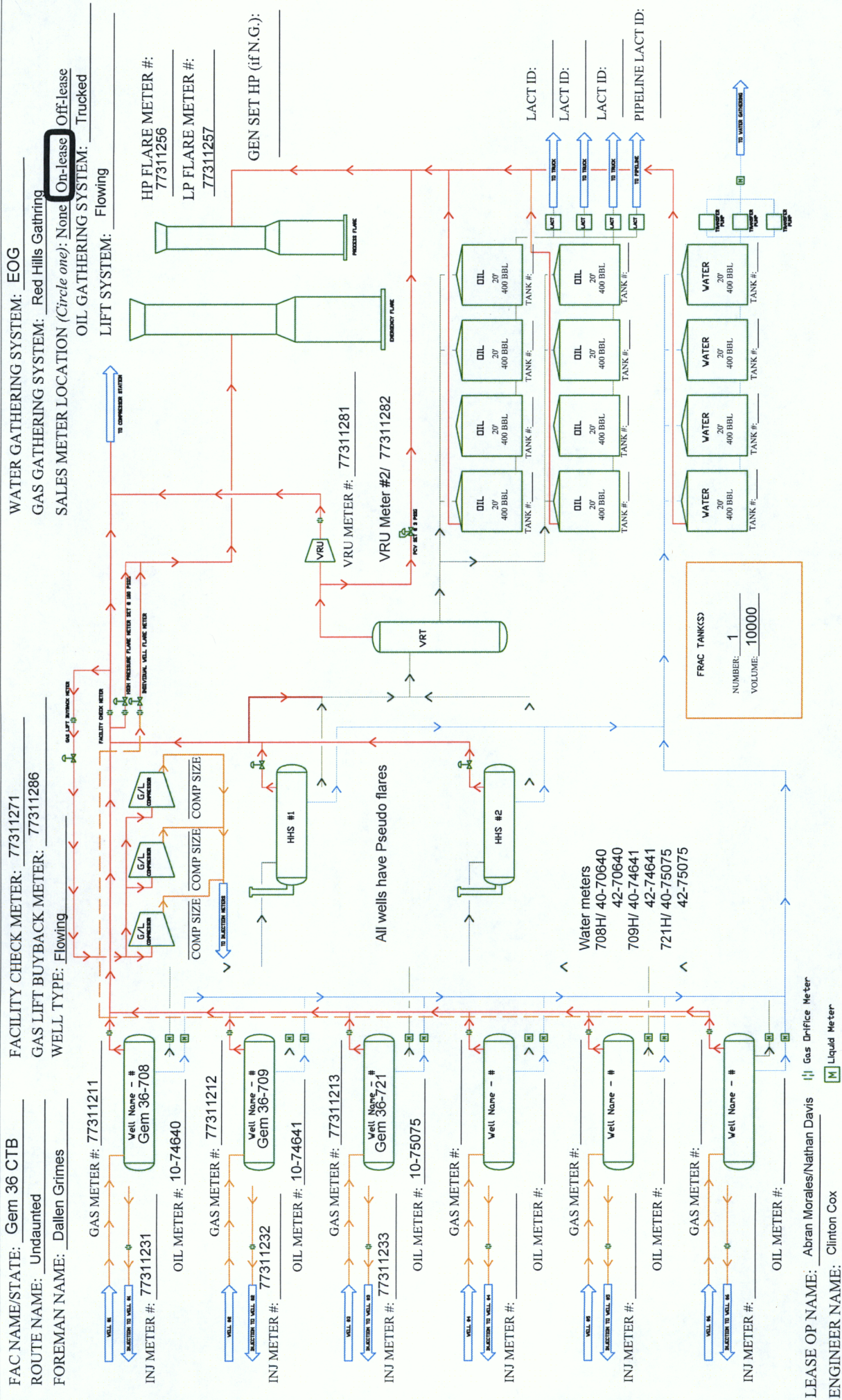
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stan Wagner TITLE **Regulatory Analyst** DATE **10/09/2018**

Type or print name **Stan Wagner** E-mail address: _____ PHONE: **432-686-3689**

For State Use Only

APPROVED BY: Michael M. Moore TITLE **Engineering Bureau** DATE **10-16-2018**
Conditions of Approval (if any): _____



MIDLAND CTB PRIMARY ALLOCATION DIAGRAM
PLEASE SEND TO MIDLAND_PRODUCTION_ACCOUNTING@EOGRESOURCES.COM ONCE COMPLETED

LEASE OP NAME: Abram Morales/Nathan Davis Gas Drifice Meter
ENGINEER NAME: Clinton Cox Liquid Meter

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Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-44675
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Condor 32
8. Well Number 310H
9. OGRID Number 7377
10. Pool name or Wildcat Hardin Tank; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3320' GR

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 ☒ Gas Well ☐ Other ☐
2. Name of Operator EOG Resources, Inc.
3. Address of Operator P.O. Box 2267 Midland, TX 79702
4. Well Location Unit Letter C : 843 feet from the North line and 2490 feet from the West line Section 32 Township 25S Range 34E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3320' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL. ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
CLOSED-LOOP SYSTEM ☐			
OTHER: ☐		OTHER: Surface Commingling ☒	

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.

EOG Resources requests an amendment to our approved surface pool commingling order PC-1316 adding the wells listed below:

Condor 32 State 310H	30-025-44675	Hardin Tank; Bone Spring (96661)
Condor 32 State 511H	30-025-44672	Hardin Tank; Bone Spring (96661)
Condor 32 State 603H	30-025-44670	Hardin Tank; Bone Spring (96661)
Condor 32 State 614H	30-025-44674	Hardin Tank; Bone Spring (96661)
Condor 32 State 712Y	30-025-44904	Bobcat Draw; Upper Wolfcamp (98094)
Condor 32 State 713H	30-025-44577	Bobcat Draw; Upper Wolfcamp (98094)
Condor 32 State 740H	30-025-44580	Bobcat Draw; Upper Wolfcamp (98094)

Spud Date:

Rig Release Date:

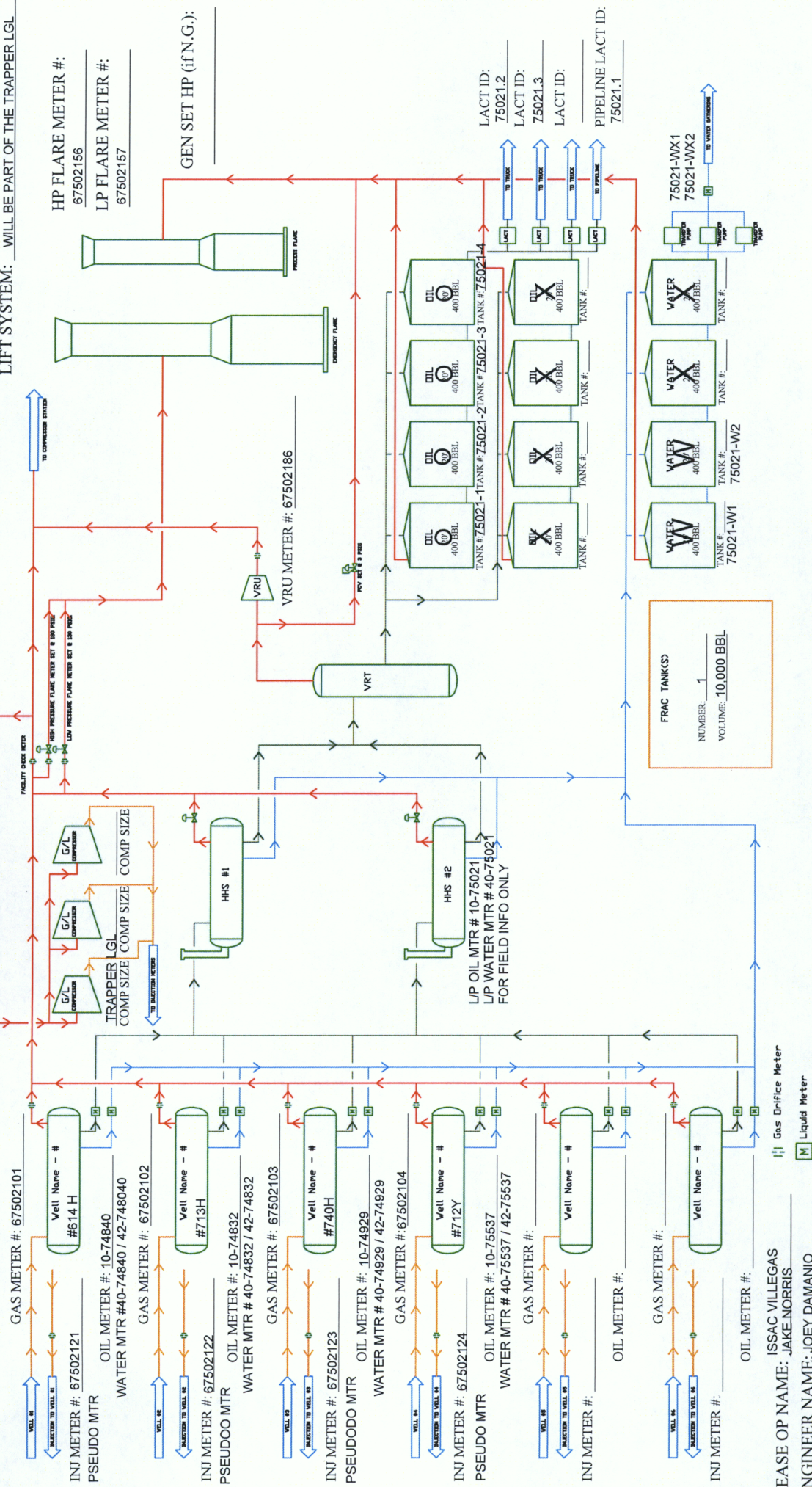
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 10/10/2018
Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689

For State Use Only

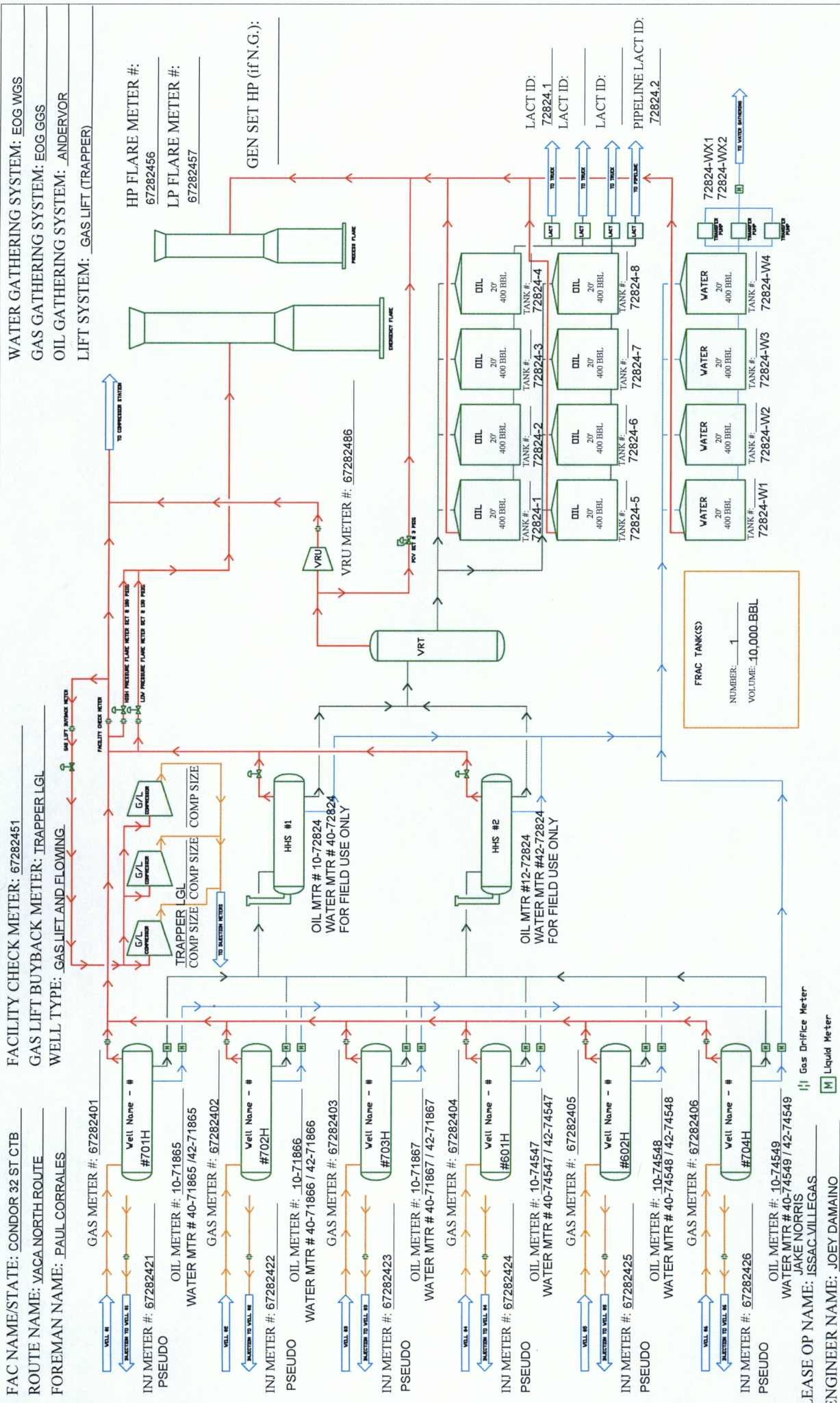
APPROVED BY: Michael M. Smith TITLE Engineering Bureau DATE 10-16-2018
Conditions of Approval (if any): _____

FAC NAME/STATE: CONDOR 32 CENTRAL CTB
 ROUTE NAME: VACA NORTH ROUTE
 FOREMAN NAME: PAUL CORRALES
 FACILITY CHECK METER: 67502151
 GAS LIFT BUYBACK METER: TRAPPER LGI
 WELL TYPE: OIL



MIDLAND CTB PRIMARY ALLOCATION DIAGRAM

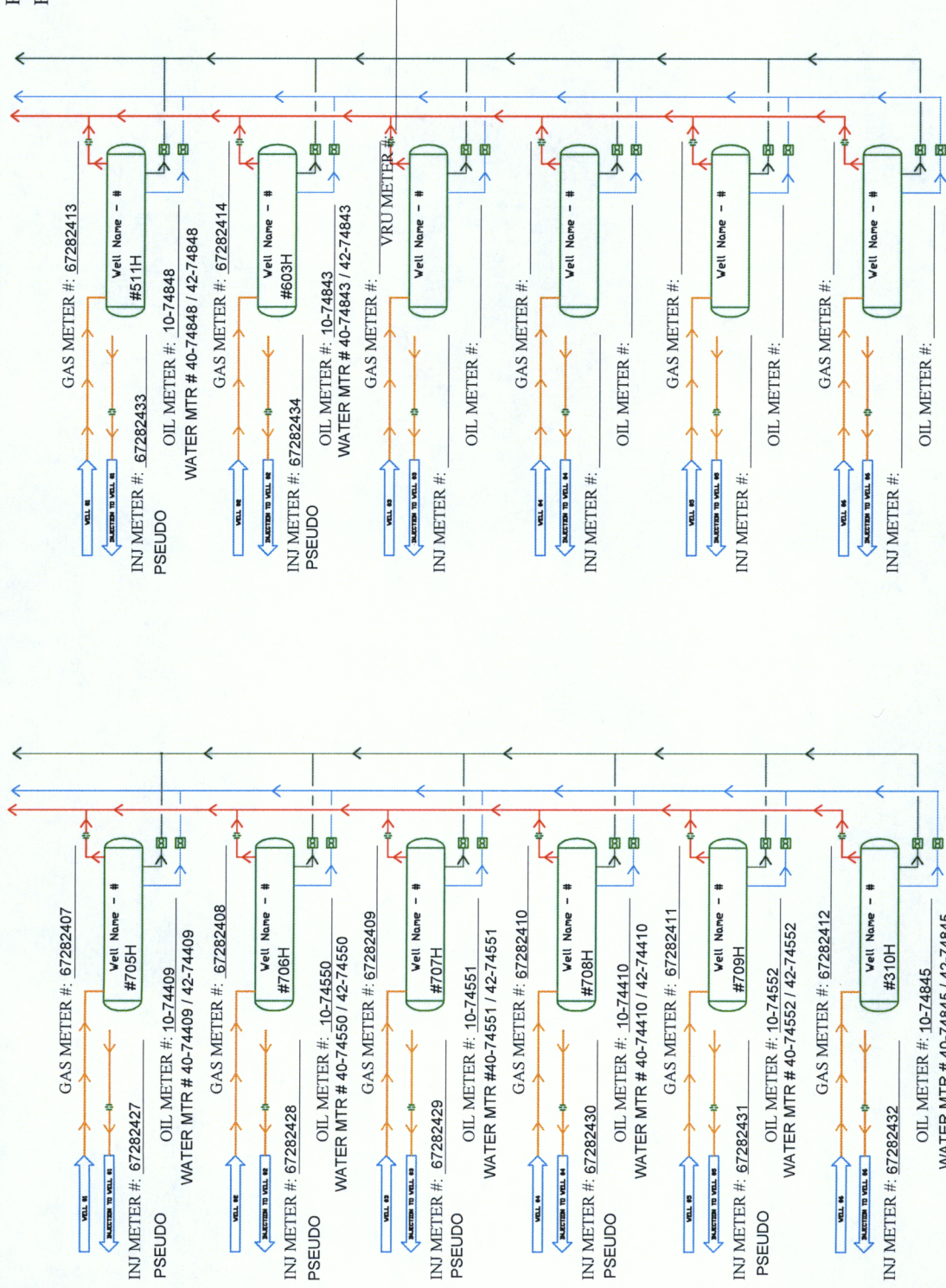
PLEASE SEND TO MIDLAND PRODUCTION ACCOUNTING@EOGRESOURCES.COM ONCE COMPLETED



MIDLAND CTB PRIMARY ALLOCATION DIAGRAM

PLEASE SEND TO MIDLAND_PRODUCTION_ACCOUNTING@EOGRESOURCES.COM ONCE COMPLETED

PRIMARY FACILITY NAME: CONDOR 32 ST CTB
ROUTE NAME: VACA NORTH ROUTE
FOREMAN NAME: PAUL CORRALES



MIDLAND CTB EXPANSION ALLOCATION DIAGRAM - TO BE SUBMITTED WITH PRIMARY CTB DIAGRAM
PLEASE SEND TO MIDLAND_PRODUCTION_ACCOUNTING@EOGRESOURCES.COM ONCE COMPLETED

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OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-44839
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Osprey 10
8. Well Number 301H
9. OGRID Number 7377
10. Pool name or Wildcat Red Hills; Bone Spring, East
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3333' GR

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 ☒ Gas Well ☐ Other

2. Name of Operator
EOG Resources, Inc.

3. Address of Operator
P.O. Box 2267 Midland, TX 79702

4. Well Location
Unit Letter **M** : **208** feet from the **South** line and **14** feet from the **West** line
Section **10** Township **25S** Range **34E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3333' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Surface Commingling ☒

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.

EOG Resources requests an amendment to surface pool/lease commingle order PC-1308 adding the well listed below:

Osprey 10 301H 30-025-44839 Red Hills; Bone Spring, East (97369)

Spud Date:

Rig Release Date:

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

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 10/10/2018

Type or print name Stan Wagner E-mail address: _____ PHONE: 432-686-3689

For State Use Only

APPROVED BY: Michael M. Welch TITLE Emergency Branch DATE 10-16-2018
Conditions of Approval (if any):

