

Approved Administrative Order

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

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.)		WELL API NO. 30-025-44674
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG Resources, Inc.		6. State Oil & Gas Lease No. VC-0023-1; E0-1924-1
3. Address of Operator P.O. Box 2267, Midland, Texas 79702		7. Lease Name or Unit Agreement Name Condor 32 State Com
4. Well Location Unit Letter <u>N</u> : <u>326</u> feet from the <u>South</u> line and <u>2027</u> feet from the <u>West</u> line Section <u>32</u> Township <u>25S</u> Range <u>34E</u> NMPM Lea County		8. Well Number 614H & others
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3340'		9. OGRID Number 7377
10. Pool name or Wildcat Hardin Tank; Bone Spring [96661]		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: SURFACE COMMINGLE <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: PC-1356 <input type="checkbox"/>	
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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 respectfully requests permission to surface pool commingle production from the wells below at a central tank battery.

Condor 32 State Com 614H	30-025-44674	[96661] Hardin Tank; Bone Spring
Condor 32 State Com 616H	30-025-45364	[96661] Hardin Tank; Bone Spring
Condor 32 State Com 712Y	30-025-44904	[98094] Bobcat Draw; Upper Wolfcamp
Condor 32 State Com 713H	30-025-44577	[98094] Bobcat Draw; Upper Wolfcamp
Condor 32 State Com 715H	30-025-45366	[98094] Bobcat Draw; Upper Wolfcamp
Condor 32 State Com 718H	30-025-45368	[98094] Bobcat Draw; Upper Wolfcamp
Condor 32 State Com 740H	30-025-44580	[98094] Bobcat Draw; Upper Wolfcamp

These wells have uniform ownership. Pursuant to Statewide Rule 19.15.12.10(C)(4)(g) EOG Resources respectfully requests the option to include additional pools or leases within the defined parameters set forth in the order for future additions. Please see attached information.

Spud Date: Rig Release Date:

Recommend signature by Director. Subject like approval NMSLO. MAM

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

SIGNATURE Sarah Mitchell TITLE Regulatory Contractor DATE 6/11/19

Type or print name Sarah Mitchell E-mail address: sarah_mitchell@eogresources.com PHONE: 432-848-9133

For State Use Only

APPROVED BY: [Signature] TITLE OCD Director DATE 7/23/19
 Conditions of Approval (if any):