

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. <b>30-025-42780</b>
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 <b>EOG Resources, Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name <b>Gem 36 State Com</b>
4. Well Location Unit Letter <b>A</b> : <b>220</b> feet from the <b>North</b> line and <b>230</b> feet from the <b>East</b> line Section <b>36</b> Township <b>25S</b> Range <b>32E</b> NMPM County <b>Lea</b>		8. Well Number <b>701H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3432' GR</b>		9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>WC-025 G-09 S253236A Upper Wolfcamp</b>		

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 type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>Surface Commingling</b>	<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.

EOG Resources requests permission to surface pool/lease commingle production from the wells listed below and future wells within the same pools at a central tank battery.

- |                       |              |  |
|-----------------------|--------------|--|
| Gem 36 State Com 701H | 30-025-42780 | WC-025 G-09 S253236A; Upper Wolfcamp (97158) |
| Gem 36 State Com 702Y | 30-025-42948 | WC-025 G-09 S253236A; Upper Wolfcamp (97158) |
| Gem 36 State Com 703H | 30-025-43782 | WC-025 G-09 S253236A; Upper Wolfcamp (97158) |
| Gem 36 State Com 704H | 30-025-42780 | WC-025 G-09 S253236A; Upper Wolfcamp (97158) |
| Gem 36 State Com 707H | 30-025-44265 | WC-025 G-09 S253236A; Upper Wolfcamp (97158) |
| Gem 36 State Com 708H | 30-025-44266 | WC-025 G-09 S253236A; Upper Wolfcamp (97158) |
| Gem 36 State Com 709H | 30-025-44267 | WC-025 G-09 S253236A; Upper Wolfcamp (97158) |
| Gem 36 State Com 5H   | 30-025-44263 | Jennings; Upper Bone Spring Shale (97838)    |
| Gem 36 State Com 6H   | 30-025-44264 | Jennings; Upper Bone Spring Shale (97838)    |
- Identical ownership, 2 COMS, 2 State leases, same pools.  
 Detailed information attached.

*PC-1312*

Spud Date:  Rig Release Date:

Subject Like Approval NMSLO. Recommend Approval. mAm  
 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 01/23/2018  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689  
**For State Use Only**  
 APPROVED BY: Maaker Riley TITLE Director DATE 1/26/18  
 Conditions of Approval (if any): \_\_\_\_\_