

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 248412

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address EOG RESOURCES INC P.O. Box 2267 Midland, TX 79702		2. OGRID Number 7377
4. Property Code 313956		3. API Number 30-025-44460
5. Property Name NEPTUNE 10 STATE COM		6. Well No. 603H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
N	10	24S	33E	N	428	S	2243	W	Lea

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
B	3	24S	33E	2	230	N	2550	E	Lea

9. Pool Information

TRIPLE X;BONE SPRING	59900
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Additional Well Information

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3609
16. Multiple N	17. Proposed Depth 22325	18. Formation 3rd Bone Spring Sand	19. Contractor	20. Spud Date 5/1/2018
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	1300	1400	0
Int1	12.25	9.625	40	4000	1350	0
Int1	12.25	9.625	40	5000	1350	0
Int2	8.75	7.625	29.7	11500	565	4500
Prod	6.75	5.5	17	22325	850	11000

Casing/Cement Program: Additional Comments

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22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Ram	5000	3000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC ☒ and/or 19.15.14.9 (B) NMAC ☒ if applicable. Signature: Printed Name: Electronically filed by Stan Wagner Title: Regulatory Analyst Email Address: Stan_Wagner@eogresources.com Date: 2/13/2018	OIL CONSERVATION DIVISION Approved By: Paul Kautz Title: Geologist Approved Date: 2/14/2018 Expiration Date: 2/14/2020 Conditions of Approval Attached
Phone: 432-686-3689	

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Form C-102
 August 1, 2011
 Permit 248412

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-025-44460	2. Pool Code 59900	3. Pool Name TRIPLE X;BONE SPRING
4. Property Code 313956	5. Property Name NEPTUNE 10 STATE COM	6. Well No. 603H
7. OGRID No. 7377	8. Operator Name EOG RESOURCES INC	9. Elevation 3609

10. Surface Location

UL - Lot N	Section 10	Township 24S	Range 33E	Lot Idn N	Feet From 428	N/S Line S	Feet From 2243	E/W Line W	County Lea
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11. Bottom Hole Location If Different From Surface

UL - Lot B	Section 3	Township 24S	Range 33E	Lot Idn 2	Feet From 230	N/S Line N	Feet From 2550	E/W Line E	County Lea
12. Dedicated Acres 320.00	13. Joint or Infill		14. Consolidation Code				15. Order No.		

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> E-Signed By: Stan Wagner Title: Regulatory Analyst Date: 2/13/2018
	SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Surveyed By: Michael Brown Date of Survey: 12/15/2017 Certificate Number: 18329

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Form APD Comments

Permit 248412

PERMIT COMMENTS

Operator Name and Address: EOG RESOURCES INC [7377] P.O. Box 2267 Midland, TX 79702		API Number: 30-025-44460
		Well: NEPTUNE 10 STATE COM #603H
Created By	Comment	Comment Date
pkautz	GCP Received 02/13/2018	2/14/2018

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Form APD Conditions

Permit 248412

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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

PERMIT CONDITIONS OF APPROVAL

Operator Name and Address: EOG RESOURCES INC [7377] P.O. Box 2267 Midland, TX 79702	API Number: 30-025-44460
	Well: NEPTUNE 10 STATE COM #603H

OCD Reviewer	Condition
pkautz	Will require a directional survey with the C-104
pkautz	1) SURFACE & INTERMEDIATE1 CASING - Cement must circulate to surface -- 2) INTERMEDIATE2 CASING - Cement must tie back into intermediate1 casing -- 3) PRODUCTION CASING - Cement must tie back into intermediate2 casing --
pkautz	If cement does not circulate to surface, must run temperature survey or other log to determine top of cement
pkautz	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water
pkautz	1)- The Operator is to notify NMOCDD by sundry (Form C-103) within ten (10) days of the well being spud 2)- Drilling Sundries Form C-103 (Casing and Cement test are to be submitted within 10 days 3)- Completion Reports & Logs are to be submitted within 45 days 4)- Deviation / Directional Drill Survey are to be filed with or prior to C-104
pkautz	It is the operator's responsibility to monitor cancellation dates of approved APDs. APD's are good for 2 years and may be extended for one year. Only one 1 year extension will be granted if submitted by C-103 before expiration date. After expiration date or after a 1 year extension must submit new APD.
pkautz	Stage Tool - 1) Must notify OCD Hobbs Office prior to running Stage Tool at 575-370-3186 2) If using Stage Tool on Surface casing, Stage Tool must be set greater than 350' from surface and a minimum of 200 feet above surface shoe. 3) When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.