

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 262960

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 313191		3. API Number 30-025-45526
5. Property Name GEM 36 STATE COM		6. Well No. 102H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
B	36	25S	32E	B	324	N	1670	E	Lea

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
O	36	25S	32E	O	100	S	1460	E	Lea

9. Pool Information

JENNINGS;UPPER BONE SPRING SHALE	97838
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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 3426
16. Multiple N	17. Proposed Depth 14196	18. Formation Upper Bone Spring	19. Contractor	20. Spud Date 2/26/2019
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	875	900	0
Int1	12.25	9.625	40	4000	225	0
Int1	12.25	9.625	40	4700	900	0
Prod	8.5	5.5	17	14196	775	4200
Prod	8.75	5.5	17	8796	1300	0

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 Kay Maddox Title: Regulatory Agent Email Address: kay_maddox@eogresources.com Date: 1/29/2019	OIL CONSERVATION DIVISION Approved By: Paul F Kautz Title: Geologist Approved Date: 1/31/2019 Expiration Date: 1/31/2021 Conditions of Approval Attached
Phone: 432-686-3658	

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Energy, Minerals and Natural Resources

Oil Conservation Division

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Form C-102

August 1, 2011

Permit 262960

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-025-45526	2. Pool Code 97838	3. Pool Name JENNINGS;UPPER BONE SPRING SHALE
4. Property Code 313191	5. Property Name GEM 36 STATE COM	6. Well No. 102H
7. OGRID No. 7377	8. Operator Name EOG RESOURCES INC	9. Elevation 3426

10. Surface Location

UL - Lot B	Section 36	Township 25S	Range 32E	Lot Idn B	Feet From 324	N/S Line N	Feet From 1670	E/W Line E	County Lea
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11. Bottom Hole Location If Different From Surface

UL - Lot O	Section 36	Township 25S	Range 32E	Lot Idn O	Feet From 100	N/S Line S	Feet From 1460	E/W Line E	County Lea
12. Dedicated Acres 160.00	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 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.

E-Signed By:

Kay Maddox

Title:

Regulatory Agent

Date:

1/29/2019

SURVEYOR CERTIFICATION

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.

Surveyed By:

Michael Brown

Date of Survey:

12/2/2018

Certificate Number:

18329

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Form APD Comments

Permit 262960

PERMIT COMMENTS

Operator Name and Address: EOG RESOURCES INC [7377] P.O. Box 2267 Midland, TX 79702		API Number: 30-025-45526
		Well: GEM 36 STATE COM #102H

Created By	Comment	Comment Date
ksharp	Forms C102, Horizontal Well Information, Gas Capture Plan, Casing Design and Mud Program, Proposed Wellbore Diagram, Directional Survey, and H2S Contingency Plan submitted separately	1/31/2019

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Form APD Conditions

Permit 262960

PERMIT CONDITIONS OF APPROVAL

Operator Name and Address: EOG RESOURCES INC [7377] P.O. Box 2267 Midland, TX 79702	API Number: 30-025-45526
	Well: GEM 36 STATE COM #102H

OCD Reviewer	Condition
pkautz	Will require a directional survey with the C-104
pkautz	Will require administrative order for non-standard spacing unit
pkautz	1) SURFACE & INTERMEDIATE CASING Cement must circulate to surface 2) PRODUCTION CASING Cement must tie back into intermediate casing
pkautz	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water
pkautz	If cement does not circulate to surface, must run temperature survey or other log to determine top of cement
pkautz	1) The Operator is to notify NMOCD by sundry (Form C103) within ten (10) days of the well being spud 2) Drilling Sundries Form C103 (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 C104
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 C103 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 5753703186 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