

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 266517

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 320644		3. API Number 30-025-45840
5. Property Name BANDIT 29 STATE COM		6. Well No. 701Y

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
A	29	24S	33E	A	442	N	331	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
H	32	24S	33E	H	2539	N	330	E	Lea

9. Pool Information

WC-025 G-09 S243336I;UPPER WOLFCAMP	98092
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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 3528
16. Multiple N	17. Proposed Depth 20027	18. Formation Upper Wolfcamp	19. Contractor	20. Spud Date 4/26/2019
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	12.25	9.625	40	1280	700	0
Int1	8.75	7.625	29.7	11390	1600	0
Prod	6.75	5.5	17	20027	800	10890

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:	OIL CONSERVATION DIVISION
Printed Name: Electronically filed by Kay Maddox	Approved By: Paul F Kautz
Title: Regulatory Agent	Title: Geologist
Email Address: kay_maddox@eogresources.com	Approved Date: 4/23/2019 Expiration Date: 4/23/2021
Date: 4/23/2019 Phone: 432-686-3658	Conditions of Approval Attached

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Form C-102
 August 1, 2011
 Permit 266517

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-025-45840	2. Pool Code 98092	3. Pool Name WC-025 G-09 S2433361;UPPER WOLFCAMP
4. Property Code 320644	5. Property Name BANDIT 29 STATE COM	6. Well No. 701Y
7. OGRID No. 7377	8. Operator Name EOG RESOURCES INC	9. Elevation 3528

10. Surface Location

UL - Lot A	Section 29	Township 24S	Range 33E	Lot Idn A	Feet From 442	N/S Line N	Feet From 331	E/W Line E	County Lea
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11. Bottom Hole Location If Different From Surface

UL - Lot H	Section 32	Township 24S	Range 33E	Lot Idn H	Feet From 2539	N/S Line N	Feet From 330	E/W Line E	County Lea
12. Dedicated Acres 240.00	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: Kay Maddox Title: Regulatory Agent Date: 4/23/2019
	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: 4/20/2019 Certificate Number: 18329

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Form APD Comments

Permit 266517

PERMIT COMMENTS

Operator Name and Address: EOG RESOURCES INC [7377] P.O. Box 2267 Midland, TX 79702		API Number: 30-025-45840
		Well: BANDIT 29 STATE COM #701Y

Created By	Comment	Comment Date
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Form APD Conditions

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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: 30-025-45840
	Well: BANDIT 29 STATE COM #701Y

OCD Reviewer	Condition
pkautz	Will require a directional survey with the C-104
pkautz	Three strings top of cement requirements: 1) SURFACE & INTERMEDIATE CASING - Cement must circulate to surface -- 2) PRODUCTION CASING - Cement must tie back into intermediate casing --
pkautz	FOUR strings top of cement requirements: 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 NMOCD 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 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.