

Submit 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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-46610	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name PYTHON 36 STATE	
8. Well Number 507H	
9. OGRID Number 7377	
10. Pool name or Wildcat WC025 G07 S243225C; LOWER BONE SPRING	
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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator EOG Resources	
3. Address of Operator 5509 CHAMPION DRIVE, MIDLAND, TEXAS 79703	
4. Well Location Unit Letter <u>P</u> : <u>250</u> feet from the <u>SOUTH</u> line and <u>576</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>24S</u> Range <u>32E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3524' GR	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: COMPLETION <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.

10/31/2020 Ran 2 7/8" tubing and gas lift valves, set tubing @ 11,108', put well back on production

Spud Date:

1/7/2020

Rig Release Date:

2/16/2020

KZ

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

SIGNATURE Kristina Agee TITLE Sr. Regulatory Administrator DATE 1/20/2021

Type or print name Kristina Agee E-mail address: kristina_agee@eogresources.com PHONE: 432-686-6996

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
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Phone:(505) 476-3470 Fax:(505) 476-3462

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Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 15193

CONDITIONS OF APPROVAL

Operator:	EOG RESOURCES INC	P.O. Box 2267	Midland, TX79702	OGRID:	7377	Action Number:	15193	Action Type:	C-103Z
OCD Reviewer									Condition
ksimmons									None