

| Santa Fe Main Office<br>Phone: (505) 476-3441<br><br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory<br><a href="https://www.emnrd.nm.gov/ocd/contact-us">https://www.emnrd.nm.gov/ocd/contact-us</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br><br>Permit 349244       |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|------------------------------|----------------------------|-------------------------------|-----------------------|----------------------------|--------------------|--------------------------|---------------------|------------------------------------|-----------------|--------------------------|----------------------|--------------------------|----------------|--------------------------|----------|------|-------------------------------|-------------------------------------|-------|------|-----|---|------|-----|------|---|--|------|--|---|----------|------|------------|-------|-------|----|-----|---|------|-----|-----|---|--|------|--|---|----------|------|------------|------|-----|----|--------|-----|-------|------|------|---|--|--|--|---|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | WELL API NUMBER<br>30-025-51735                         |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 5. Indicate Type of Lease<br>State                      |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 6. State Oil & Gas Lease No.                            |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 7. Lease Name or Unit Agreement Name<br>COBALT 32 STATE |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 1. Type of Well:<br>Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | 8. Well Number<br>304H                                  |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 2. Name of Operator<br>EOG RESOURCES INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               | 9. OGRID Number<br>7377                                 |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 3. Address of Operator<br>5509 Champions Drive, Midland, TX 79706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | 10. Pool name or Wildcat                                |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 4. Well Location<br>Unit Letter <u>O</u> : <u>300</u> feet from the <u>S</u> line and feet <u>1754</u> from the <u>E</u> line<br>Section <u>32</u> Township <u>24S</u> Range <u>34E</u> NMPM County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                         |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3420 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                         |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                         |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">           NOTICE OF INTENTION TO:         </td> <td colspan="2">           SUBSEQUENT REPORT OF:         </td> </tr> <tr> <td>PERFORM REMEDIAL WORK</td> <td><input type="checkbox"/></td> <td>PLUG AND ABANDON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON</td> <td><input type="checkbox"/></td> <td>CHANGE OF PLANS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td>Other: <u>Drilling/Cement</u></td> <td><input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                         | NOTICE OF INTENTION TO:             |                              | SUBSEQUENT REPORT OF:      |                               | PERFORM REMEDIAL WORK | <input type="checkbox"/>   | PLUG AND ABANDON   | <input type="checkbox"/> | TEMPORARILY ABANDON | <input type="checkbox"/>           | CHANGE OF PLANS | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> | MULTIPLE COMPL | <input type="checkbox"/> | Other:   |      | Other: <u>Drilling/Cement</u> | <input checked="" type="checkbox"/> |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                   |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                      | PLUG AND ABANDON                                        | <input type="checkbox"/>            |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                      | CHANGE OF PLANS                                         | <input type="checkbox"/>            |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| PULL OR ALTER CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                      | MULTIPLE COMPL                                          | <input type="checkbox"/>            |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | Other: <u>Drilling/Cement</u>                           | <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 1103. For Multiple Completions:<br>Attach wellbore diagram of proposed completion or recompletion.<br>7-28-2023 20" CONDUCTOR @ 119' 8-9-2023 13 1/2" HOLE 8-9-2023 Surface Hole @ 1,315' MD, 1,314' TVD Casing shoe @ 1,295' MD, 1,294' TVD 8-13-2023 9 7/8" HOLE 8-13-2023 Intermediate Hole @ 5,300' MD, 5,197' TVD Casing shoe @ 5,280' MD, 5,190' TVD <b>7/28/2023</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                         |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| <b>Casing and Cement Program</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>08/09/23</td> <td>Surf</td> <td>FreshWater</td> <td>13.5</td> <td>10.75</td> <td>40.5</td> <td>J55</td> <td>0</td> <td>1295</td> <td>540</td> <td>1.33</td> <td>C</td> <td></td> <td>1500</td> <td></td> <td>Y</td> </tr> <tr> <td>08/13/23</td> <td>Int1</td> <td>FreshWater</td> <td>9.875</td> <td>8.625</td> <td>32</td> <td>J55</td> <td>0</td> <td>5280</td> <td>840</td> <td>2.1</td> <td>C</td> <td></td> <td>2700</td> <td></td> <td>Y</td> </tr> <tr> <td>09/22/23</td> <td>Prod</td> <td>FreshWater</td> <td>6.75</td> <td>5.5</td> <td>17</td> <td>CYP110</td> <td>317</td> <td>15262</td> <td>1210</td> <td>1.25</td> <td>H</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                         | Date                                | String                       | Fluid Type                 | Hole Size                     | Csg Size              | Weight lb/ft               | Grade              | Est TOC                  | Dpth Set            | Sacks                              | Yield           | Class                    | 1" Dpth              | Pres Held                | Pres Drop      | Open Hole                | 08/09/23 | Surf | FreshWater                    | 13.5                                | 10.75 | 40.5 | J55 | 0 | 1295 | 540 | 1.33 | C |  | 1500 |  | Y | 08/13/23 | Int1 | FreshWater | 9.875 | 8.625 | 32 | J55 | 0 | 5280 | 840 | 2.1 | C |  | 2700 |  | Y | 09/22/23 | Prod | FreshWater | 6.75 | 5.5 | 17 | CYP110 | 317 | 15262 | 1210 | 1.25 | H |  |  |  | Y |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | String                                                                                                                                                                        | Fluid Type                                              | Hole Size                           | Csg Size                     | Weight lb/ft               | Grade                         | Est TOC               | Dpth Set                   | Sacks              | Yield                    | Class               | 1" Dpth                            | Pres Held       | Pres Drop                | Open Hole            |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 08/09/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Surf                                                                                                                                                                          | FreshWater                                              | 13.5                                | 10.75                        | 40.5                       | J55                           | 0                     | 1295                       | 540                | 1.33                     | C                   |                                    | 1500            |                          | Y                    |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 08/13/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Int1                                                                                                                                                                          | FreshWater                                              | 9.875                               | 8.625                        | 32                         | J55                           | 0                     | 5280                       | 840                | 2.1                      | C                   |                                    | 2700            |                          | Y                    |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| 09/22/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Prod                                                                                                                                                                          | FreshWater                                              | 6.75                                | 5.5                          | 17                         | CYP110                        | 317                   | 15262                      | 1210               | 1.25                     | H                   |                                    |                 |                          | Y                    |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |                                                         |                                     |                              |                            |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Regulatory Agent</u></td> <td>DATE</td> <td><u>9/25/2023</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Kay Maddox</u></td> <td>E-mail address</td> <td><u>kay_maddox@eogresources.com</u></td> <td>Telephone No.</td> <td><u>432-686-3658</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                         | SIGNATURE                           | <u>Electronically Signed</u> | TITLE                      | <u>Regulatory Agent</u>       | DATE                  | <u>9/25/2023</u>           | Type or print name | <u>Kay Maddox</u>        | E-mail address      | <u>kay_maddox@eogresources.com</u> | Telephone No.   | <u>432-686-3658</u>      |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                   | <u>Regulatory Agent</u>             | DATE                         | <u>9/25/2023</u>           |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Kay Maddox</u>                                                                                                                                                             | E-mail address                                          | <u>kay_maddox@eogresources.com</u>  | Telephone No.                | <u>432-686-3658</u>        |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td><u>Keith Dziokonski</u></td> <td>TITLE</td> <td><u>Petroleum Specialist A</u></td> <td>DATE</td> <td><u>5/8/2025 8:44:09 AM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                         | APPROVED BY:                        | <u>Keith Dziokonski</u>      | TITLE                      | <u>Petroleum Specialist A</u> | DATE                  | <u>5/8/2025 8:44:09 AM</u> |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Keith Dziokonski</u>                                                                                                                                                       | TITLE                                                   | <u>Petroleum Specialist A</u>       | DATE                         | <u>5/8/2025 8:44:09 AM</u> |                               |                       |                            |                    |                          |                     |                                    |                 |                          |                      |                          |                |                          |          |      |                               |                                     |       |      |     |   |      |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |  |   |          |      |            |      |     |    |        |     |       |      |      |   |  |  |  |   |

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/ocd/contact-us>

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

COMMENTS

Action 349244

COMMENTS

|                                                                             |                                              |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Operator:<br>EOG RESOURCES INC<br>5509 Champions Drive<br>Midland, TX 79706 | OGRID:<br>7377                               |
|                                                                             | Action Number:<br>349244                     |
|                                                                             | Action Type:<br>[C-103] EP Drilling / Cement |

Comments

| Created By       | Comment                                                     | Comment Date |
|------------------|-------------------------------------------------------------|--------------|
| keith.dziokonski | • Report Pressure test for Production Casing on next Sundry | 5/8/2025     |