

Submit 1 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

Form C-103
Revised July 18, 2013

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

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.)		WELL API NO. 30-025-42780
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG Resources, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 2267 Midland, TX 79702		7. Lease Name or Unit Agreement Name Gem 36 State Com
4. Well Location Unit Letter A : 220 feet from the North line and 230 feet from the East line Section 36 Township 25S Range 32E NMPM County Lea		8. Well Number 701H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3432' GR		9. OGRID Number 7377
		10. Pool name or Wildcat WC-025 G-09 S253236A Upper Wolfcamp

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

EOG Resources requests permission to surface pool/lease commingle production from the wells listed below and future wells within the same pools at a central tank battery.

Gem 36 State Com 701H	30-025-42780	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 702Y	30-025-42948	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 703H	30-025-43782	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 704H	30-025-42780	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 707H	30-025-44265	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 708H	30-025-44266	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 709H	30-025-44267	WC-025 G-09 S253236A; Upper Wolfcamp (97158)
Gem 36 State Com 5H	30-025-44263	Jennings; Upper Bone Spring Shale (97838)
Gem 36 State Com 6H	30-025-44264	Jennings; Upper Bone Spring Shale (97838)

Identical ownership, 2 COMS, 2 State leases, same pools.
Detailed information attached.

PC-1312

Spud Date:

Rig Release Date:

Subject Like Approval NMSLO. Recommend Approval. mAm
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 01/23/2018

Type or print name Stan Wagner E-mail address: PHONE: 432-686-3689

For State Use Only Nathan Riley Director DATE 1/26/18

APPROVED BY: Nathan Riley TITLE Director DATE 1/26/18
Conditions of Approval (if any):