

Submit 1 Copy To Appropriate District Office

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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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 87605
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

DEC 06 2019 CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DISTRICT IV ARTESIA O.C.S.

WELL API NO. 30-015-46279
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 325165
7. Lease Name or Unit Agreement Name QUAIL 2 STATE COM
8. Well Number 705H
9. OGRID Number 7377
10. Pool name or Wildcat 98220 PURPLE SAGE; WOLFCAMP (GAS)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3207 GL

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 Gas Well Other

2. Name of Operator
EOG RESOURCES

3. Address of Operator
P O BOX 2267, MIDLAND TX 79702

4. Well Location
Unit Letter D : 485 feet from the NORTH line and 240 feet from the WEST line
Section 2 Township 26S Range 30E NMPM County Eddy co

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 checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: DRILL CSG <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.

11/05/19 8-3/4" hole

11/05/19 Intermediate Hole @ 10,383' MD, 10,360' TVD
Casing shoe @ 10,368' MD
Ran 7-5/8", 29.7#, ECP-110 BTC SC (0' - 1,100')
Ran 7-5/8", 29.7#, HCP-110 MO-FXL (1,100' - 10,368')

Stage 1: Lead Cement w/ 400 sx Class H (1.23 yld, 14.8 ppg)
Test casing to 2500 psi - OK. Did not circ cement to surface, TOC @ 5,800' by Calc
Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.53 yld, 14.8 ppg)
Stage 3: Top out w/ 750 sx Class C (1.34 yld, 14.8 ppg) TOC @ surface Resume drilling 6-3/4" hole

*Does Not meet OCD Requirements
Casing Test must be at least
30 minutes*

Revised for casing psi that was missing

Spud Date: 11/01/19

Rig Release Date:

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

SIGNATURE Emily Follis TITLE Sr. Regulatory Administrator DATE 12/04/19

Type or print name Emily Follis E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

APPROVED BY: DENIED TITLE DENIED DATE 12/9/19

Conditions of Approval (if any):