

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

Rec'd 06/22/2020 - NMOCD 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. 30-025-46756
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		6. State Oil & Gas Lease No. 320561
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name HEMLOCK 32 STATE
4. Well Location Unit Letter <u>M</u> : <u>304</u> feet from the <u>SOUTH</u> line and <u>567</u> feet from the <u>WEST</u> line Section <u>32</u> Township <u>23S</u> Range <u>33E</u> NMPM County <u>LEA CO</u>		8. Well Number #503H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3661 GL		9. OGRID Number 7377
		10. Pool name or Wildcat 59900 TRIPLE X; BONE SPRING

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.

02/21/2020 Cast Iron Bridge Plug @ 3,990' MD
Topped w/ 10' sand

02/21/2020 12-1/4" hole
02/21/2020 1st Intermediate Hole @ 5,009' MD, 5,051' TVD
Casing shoe @ 5,084' MD
Ran 9-5/8", 40#, J-55 LTC (0' - 4,028')
Ran 9-5/8", 40#, HCK-55 LTC (4,028' - 5,084')

Lead Cement w/ 1,410 sx Class A (1.88 yld, 12.9 ppg), Trail w/ 360 sx Class A (1.37 yld, 14.8 ppg)

Test casing to 1,500 psi for 30 min - Good. Circ 454 sx cement to surface Resume drilling 8-3/4" hole, TA the well for now

Accepted for Record - NMOCD

Spud Date:

02/02/2020

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 6-22-2020

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):