

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-8161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-8178 Fax:(505) 334-8170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3482

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

Form C-101  
August 1, 2011  
Permit 211097

**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

1. Operator Name and Address EOG RESOURCES INC P.O. Box 2267 Midland, TX 79702		2. OGRID Number 7377
4. Property Code 315308		3. API Number 30-025-42859
5. Property Name BRIDGE STATE UNIT		6. Well No. 501H

**7. Surface Location**

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	20	22S	35E	M	250	S	330	W	Lea

**8. Proposed Bottom Hole Location**

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
D	20	22S	35E	D	230	N	330	W	Lea

**9. Pool Information**

ROCK LAKE;BONE SPRING	52766
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**Additional Well Information**

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3573
16. Multiple N	17. Proposed Depth 15206	18. Formation 2nd Bone Spring Sand	19. Contractor	20. Spud Date 1/1/2016
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

**21. Proposed Casing and Cement Program**

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	1855	800	0
Int1	12.25	9.625	40	4000	1300	0
Int1	12.25	9.625	40	5000	1300	0
Prod	8.75	5.5	17	15206	2225	4500

**Casing/Cement Program: Additional Comments**

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**22. Proposed Blowout Prevention Program**

Type	Working Pressure	Test Pressure	Manufacturer
Double Ram	10000	3000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC <input checked="" type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input checked="" type="checkbox"/> if applicable.  Signature: Printed Name: Electronically filed by Stan Wagner Title: Regulatory Analyst Email Address: Stan_Wagner@eogresources.com Date: 10/9/2015	<div style="text-align: center;"><b>OIL CONSERVATION DIVISION</b></div> Approved By: Paul Kautz Title: Geologist Approved Date: 10/9/2015 Expiration Date: 10/9/2017 Conditions of Approval Attached
Phone: 432-686-3689	

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Form C-102  
August 1, 2011  
Permit 211097

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

1. API Number 30-025-42859	2. Pool Code 52766	3. Pool Name ROCK LAKE;BONE SPRING
4. Property Code 315308	5. Property Name BRIDGE STATE UNIT	6. Well No. 501H
7. OGRID No. 7377	8. Operator Name EOG RESOURCES INC	9. Elevation 3573

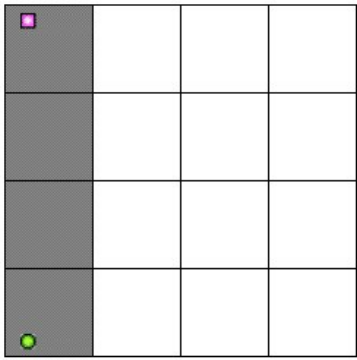
**10. Surface Location**

UL - Lot M	Section 20	Township 22S	Range 35E	Lot Idn M	Feet From 250	N/S Line S	Feet From 330	E/W Line W	County Lea
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**11. Bottom Hole Location If Different From Surface**

UL - Lot D	Section 20	Township 22S	Range 35E	Lot Idn D	Feet From 230	N/S Line N	Feet From 330	E/W Line W	County Lea
12. Dedicated Acres 160.00	13. Joint or Infill		14. Consolidation Code				15. Order No.		

**NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION**

	<p style="text-align: center;"><b>OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p>E-Signed By: Stan Wagner Title: Regulatory Analyst Date: 10/9/2015</p> <hr/> <p style="text-align: center;"><b>SURVEYOR CERTIFICATION</b></p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>Surveyed By: Michael Brown Date of Survey: 9/22/2015 Certificate Number: 18329</p>
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**Santa Fe, NM 87505**

Form APD Comments

Permit 211097

**PERMIT COMMENTS**

Operator Name and Address: EOG RESOURCES INC [7377] P.O. Box 2267 Midland, TX 79702	API Number: 30-025-42859
	Well: BRIDGE STATE UNIT #501H

Created By	Comment	Comment Date
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Form APD Conditions

Permit 211097

**PERMIT CONDITIONS OF APPROVAL**

Operator Name and Address: EOG RESOURCES INC [7377] P.O. Box 2267 Midland, TX 79702	API Number: 30-025-42859
	Well: BRIDGE STATE UNIT #501H

OCD Reviewer	Condition
pkautz	Will require a directional survey with the C-104
pkautz	Once the well is spud, to prevent ground water contamination through whole or partial conduits from the surface, the operator shall drill without interruption through the fresh water zone or zones and shall immediately set in cement the water protection string
pkautz	If using a pit for drilling and completion operations, must have an approved pit from prior to spudding the well.
pkautz	1) SURFACE & INTERMEDIATE CASING - Cement must circulate to surface -- 2) PRODUCTION CASING - Cement must tie back into intermediate casing --
pkautz	If cement does not circulate to surface, must run temperature survey or other log to determine top of cement
pkautz	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water
pkautz	Must notify OCD Hobbs Office if lost circulation is encountered at 575-370-3186
pkautz	1) Must notify OCD Hobbs Office prior to running Stage Tool at 575-370-3186 2) If using Stage Tool on Surface casing, Stage Tool must be set greater than 350' from surface and a minimum of 200 feet above surface shoe. 3) When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.