

Submit a 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

WELL API NO. 30-015-27378
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Dagger Draw
8. Well Number 17
9. OGRID Number 025575
10. Pool name or Wildcat Dagger Draw; Upper Penn, north

<p>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.)</p>	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD	
2. Name of Operator EOG Resources, Inc.	
3. Address of Operator 104 S. Fourth St. Artesia, NM 88210	
4. Well Location Unit Letter <u>H</u> : <u>1665</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>30</u> Township <u>19S</u> Range <u>25E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3546' GR	

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

5 year MIT performed on 11/11/20, passed.

Started at 540 psi and ended at 538 psi for 33 minutes.

Witnessed by Brandon Madrid, EOG.

Copy of chart and bradenhead report attach.

Spud Date:

Rig Release Date:

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

SIGNATURE Miriam Morales TITLE Prod. Acct. Asst. DATE 1/7/2021

Type or print name Miriam Morales E-mail address: Miriam_morales@eogresources.com PHONE: 575-748-4200

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 3/11/2021
Conditions of Approval (if any):

District II – Artesia811 S. 1st Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575)-748-9720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Artesia District Office

BRADENHEAD TEST REPORT

Operator Name EOG RESOURCES INC	³ API Number 30-015-27378
Property Name DAGGER DRAW	Well No. 017

⁷. Surface Location

UL - Lot H	Section 30	Township 19S	Range 25E		Feet from 1665	N/S Line FNL	Feet From 660	E/W Line FEL	County EDDY
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Well Status

TA'D Well YES NO	SHUT-IN YES NO	INJECTOR INJ SWD	PRODUCER OIL GAS	DATE 11/11/2020
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OBSERVED DATA

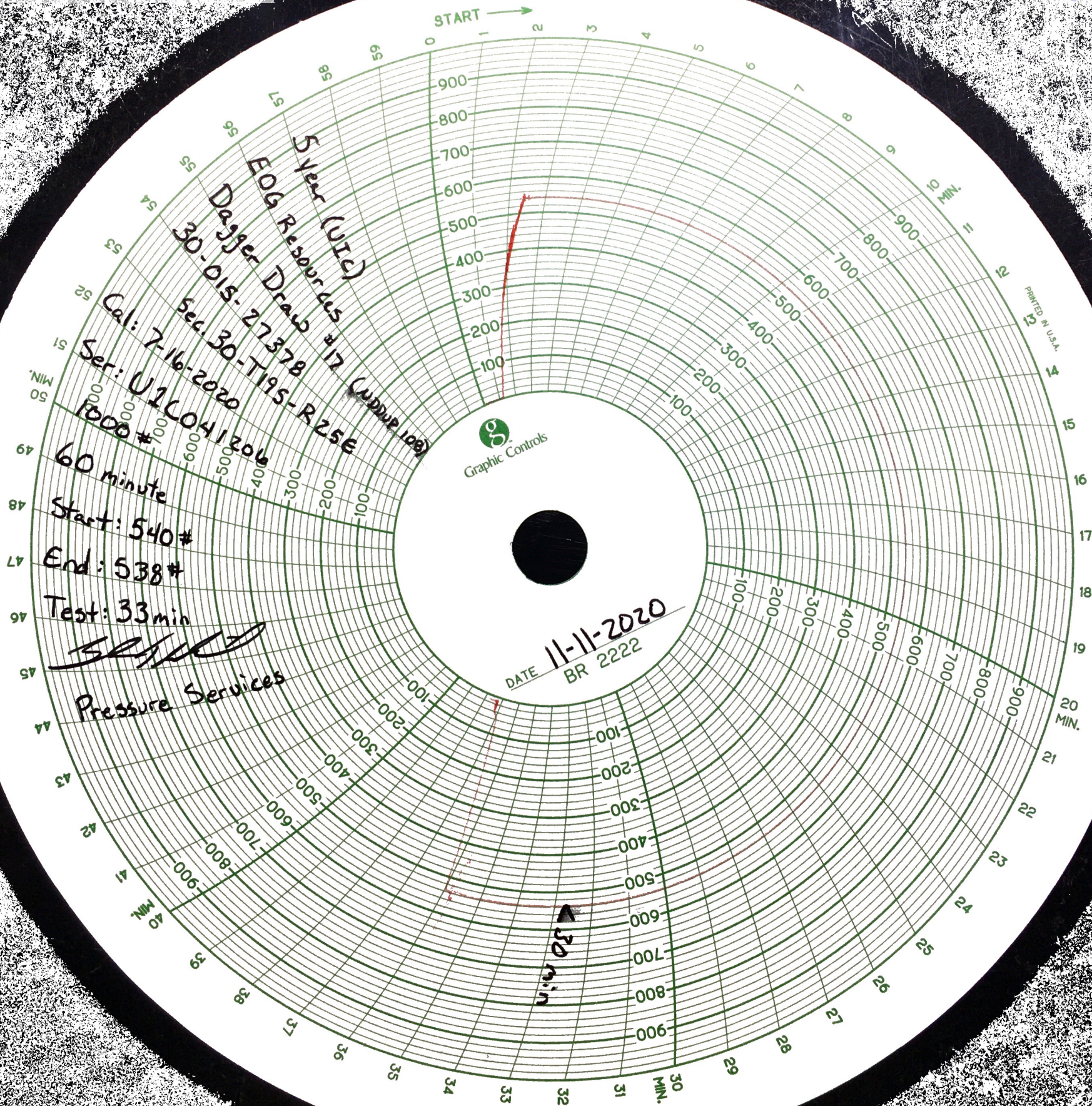
	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure	0			0	230
<u>Flow Characteristics</u>					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/ N	Y/ N	Y/ <input checked="" type="checkbox"/> N	CO2 _____
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/ N	Y/ N	Y/ <input checked="" type="checkbox"/> N	WTR _____
Surges	Y/ <input checked="" type="checkbox"/> N	Y/ N	Y/ N	Y/ <input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y N	Y/ N	Y/ N	<input checked="" type="checkbox"/> Y N	If applicable type
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/ N	Y/ N	Y/ <input checked="" type="checkbox"/> N	fluid injected for
Water	Y/ <input checked="" type="checkbox"/> N	Y/ N	Y/ N	Y/ <input checked="" type="checkbox"/> N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Signature: 	OIL CONSERVATION DIVISION
Printed name: BRANDON MADRID	Entered RBDMS
Title: PRODUCTION FOREMAN-SENIOR	Re-test
E-mail Address: BRANDON_MADRID@EOGRESOURCES.COM	
Date: 11/11/2020	Phone: 575-748-4114
	Witness:



District I

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District IV

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Phone:(505) 476-3470 Fax:(505) 476-3462

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

CONDITIONS

Action 14138

CONDITIONS OF APPROVAL

Operator:	EOG RESOURCES INC	P.O. Box 2267	Midland, TX79702	OGRID:	7377	Action Number:	14138	Action Type:	C-103Z
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OCD Reviewer	Condition
gcordero	None