

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

WELL API NO. 30-025-43787
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V0-8648; V0-8649-1
7. Lease Name or Unit Agreement Name Gem 36 State Com
8. Well Number 102H
9. OGRID Number 7377
10. Pool name or Wildcat Jennings; Upper Bone Spring Shale
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3426'

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, Inc.

3. Address of Operator
 P.O. Box 2267, Midland, Texas 79702

4. Well Location
 Unit Letter B : 324 feet from the North line and 1670 feet from the East line
 Section 36 Township 25S Range 32E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: Amend Surface Commingling <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 respectfully requests to amend surface pool/lease commingle order PC-1312 to add the following wells:

- | | | | |
|---------------------------------------|--|---------------------------------------|--|
| GEM 36 STATE COM #102H - 30-025-45528 | [97838] JENNINGS; UPPER BONE SPRING SHALE | GEM 36 STATE COM #502H - 30-025-45524 | [97903] WC-025 G-08 S253235G; LWR BONE SPRIN |
| GEM 36 STATE COM #201H - 30-025-45527 | [97838] JENNINGS; UPPER BONE SPRING SHALE | GEM 36 STATE COM #003H - 30-025-43787 | [97838] JENNINGS; UPPER BONE SPRING SHALE |
| GEM 36 STATE COM #202H - 30-025-45528 | [97838] JENNINGS; UPPER BONE SPRING SHALE | | |
| GEM 36 STATE COM #301H - 30-025-44947 | [97903] WC-025 G-08 S253235G; LWR BONE SPRIN | | |
| GEM 36 STATE COM #501H - 30-025-45529 | [97903] WC-025 G-08 S253235G; LWR BONE SPRIN | | |

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 *Emily Follis* TITLE Sr. Regulatory Administrator DATE 05/01/19
 Type or print name EMILY FOLLIS E-mail address: emily_follis@eogresources.com PHONE: 432-84-9163

For State Use Only

APPROVED BY: *Andrew Moon* TITLE Engineering Manager DATE May 9, 2019
 Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
111 S. First St., Artesia, NM 88201
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
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Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources
Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

FORM C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

NOBBS OCD
29 2019
RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025 - 45526		² Pool Code 97838		³ Pool Name Jennings; Upper Bone Spring Shale	
⁴ Property Code 313191		⁵ Property Name GEM 36 STATE COM			⁶ Well Number 102H
⁷ OGRID No. 7377		⁸ Operator Name EOG RESOURCES, INC.			⁹ Elevation 3426'

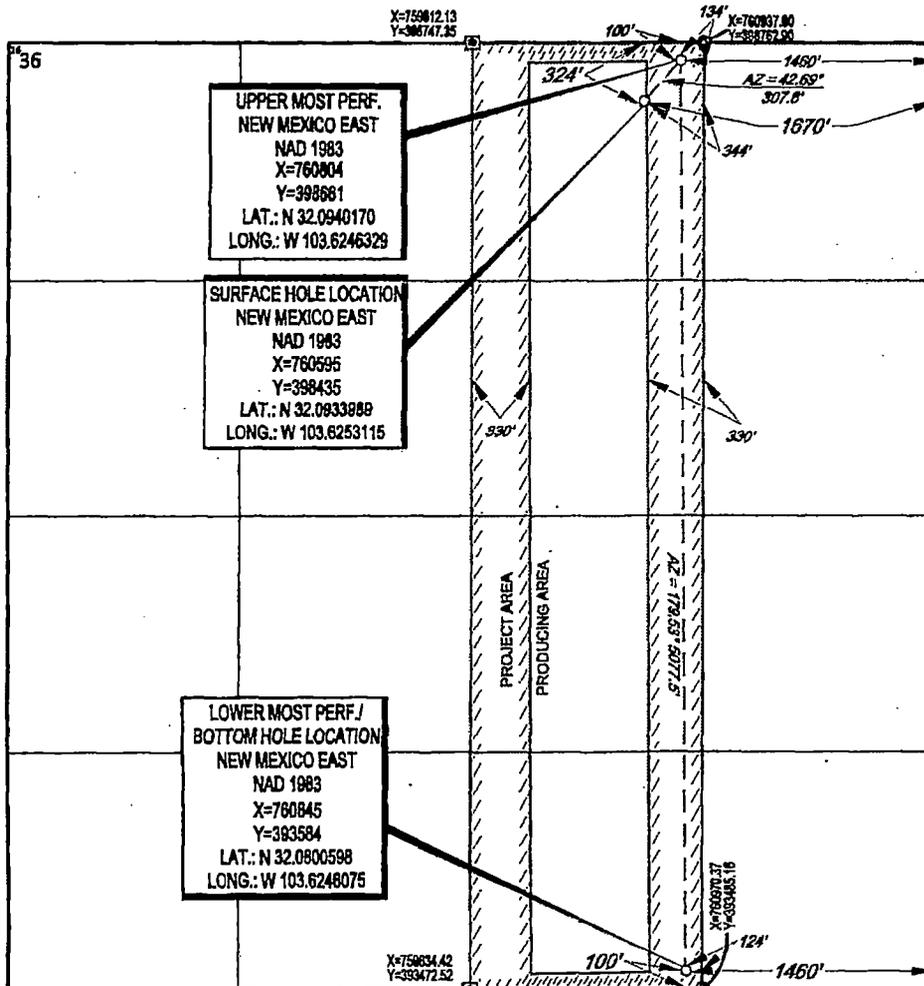
¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
B	36	25-S	32-E	-	324'	NORTH	1670'	EAST	LEA

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
0	36	25-S	32-E	-	100'	SOUTH	1460'	EAST	LEA

¹¹ Dedicated Acres 160.00	¹² Joint or Infill	¹³ Consolidation Code	¹⁴ Order No.
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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.



17 OPERATOR CERTIFICATION
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) 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.

Star L Harrell 1/29/19
Signature Date

Star L Harrell
Printed Name

star_harrell@eogresources.com
E-mail Address

18 SURVEYOR CERTIFICATION
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 to the best of my belief.

12/02/2018
Date of Survey
Signature and Seal of Professional Surveyor
M. J. BROWN
NEW MEXICO
18329
PROFESSIONAL SURVEYOR

Certificate Number