

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

OCD – REC'D 9/14/2020

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-015-45362</b>
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, Inc.		6. State Oil & Gas Lease No. <b>322753</b>
3. Address of Operator P.O. Box 2267, Midland, Texas 79702		7. Lease Name or Unit Agreement Name <b>Torpedo 11 State Com</b>
4. Well Location Unit Letter <u>D</u> : <u>372</u> feet from the <u>North</u> line and <u>935</u> feet from the <u>West</u> line Section <u>11</u> <u>25S</u> Township <u>27E</u> Range <u>NMNM</u> <u>Eddy</u> County		8. Well Number <b>722H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3172' GR</b>		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat <b>Purple Sage; Wolfcamp (Gas)</b>

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <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: <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> BAND A <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 Inc, respectfully requests a one year extension to our approved APD for this well that expires on 10/19/20.

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 STAR L HARRELL TITLE Sr Regulatory Specialist DATE 9/14/2020

Type or print name Star Harrell E-mail address: star\_harrell@eogresources.com PHONE: 432-848-9161

**For State Use Only**

APPROVED BY: John Garcia TITLE Petroleum Engineer DATE 9/19/2020

Conditions of Approval (if any): Approved Until 10/19/2021