

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

NMOCD-Rec'd 10/01/2020 Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-015-46277	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name QUAIL 2 STATE COM	
8. Well Number 725H	
9. OGRID Number 7377	
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)	
<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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator EOG RESOURCES INC 3. Address of Operator PO BOX 2267 MIDLAND, TX 79702 4. Well Location Unit Letter <u>D</u> : <u>600'</u> feet from the <u>NORTH</u> line and <u>1596'</u> feet from the <u>WEST</u> line Section <u>2</u> Township <u>26S</u> Range <u>30E</u> NMPM County <u>EDDY</u> 11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3207' GR</u>	

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"/> 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: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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: <u>Completion</u> <input checked="" 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.

PBTD 16,065' MD 5 1/2" Casing not tested. 19.15.16.10 NMAC  
 12/10/2019 Rig released  
 12/14/2019 MIRU prep to frac -Test void to 5000 psi, seals & flanges to 8500 psi  
 03/12/2020 Begin perf & frac  
 03/17/2020 Finish 15 stages perf & frac, 11,640 - 16,065' 897 3 1/8" shots 11,541,820 lbs proppant + 207,690 bbls load fluid  
 06/11/2020 Drilled out plugs and clean out wellbore  
 09/07/2020 Opened well to flowback  
 09/07/2020 Date of First Production

Tubing and gas lift valves will be run within 6 months after flow back is complete. Sundry will be submitted.

Spud Date: 11/07/2019 Rig Release Date: 12/10/2019

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

SIGNATURE Kay Maddox TITLE Regulatory Analyst DATE 09/18/2020

Type or print name Kay Maddox E-mail address: kay\_maddox@eogresources.com PHONE: 432-638-8475

**For State Use Only**

APPROVED BY: DENIED DATE gc 10/9/2020

Conditions of Approval (if any):