

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
RECEIVED
JAN 20 2020
Conservation and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
EMNRD-OCD ARTESIA

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-015-46279
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		6. State Oil & Gas Lease No. 325165
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name QUAIL 2 STATE COM
4. Well Location Unit Letter <u>D</u> : <u>485</u> feet from the <u>NORTH</u> line and <u>240</u> feet from the <u>WEST</u> line Section <u>2</u> Township <u>26S</u> Range <u>30E</u> NMPM County <u>Eddy co</u>		8. Well Number 705H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3207 GL		9. OGRID Number 7377
		10. Pool name or Wildcat 98220 PURPLE SAGE; WOLFCAMP (GAS)

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: DRILL CSG Amended <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.

11/05/19 8-3/4" hole

✓ 11/05/19 Intermediate Hole @ 10,383' MD, 10,360' TVD

Casing shoe @ 10,368' MD

Ran 1100' 7-5/8", 29.7#, ECP-110 BTC SC (0' - 1,100')

Ran 9268' 7-5/8", 29.7#, HCP-110 MO-FXL (1,100' - 10,368')

Stage 1: Lead Cement w/ 400 sx Class H (1.23 yld, 14.8 ppg)

✓ Test casing to 2500 psi for 30 min- good Did not circ cement to surface, TOC @ 5,800' by Calc

Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.53 yld, 14.8 ppg)

Stage 3: Top out w/ 750 sx Class C (1.34 yld, 14.8 ppg) TOC @ surface Resume drilling 6-3/4" hole

Revised for casing depth 7-5/8"

Spud Date:

11/01/19

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 01/22/2020

Type or print name

E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

214/20 KS