	WELL API NO.   30-015-46274   5. Indicate Type of Lease   STATE FEE   6. State Oil & Gas Lease No.   325165   7. Lease Name or Unit Agreement Name   QUAIL 2 STATE COM   8. Well Number   7377   10. Pool name or Wildcat   [98220] PURPLE SAGE; WOLFCAMP (GAS)   nd 2147   feet from the West
11. Elevation (Show whether DR, RKB, RT, C	NMPM County EDDY CO
3211 GL	
12. Check Appropriate Box to Indicate Nature of N	otice, Report or Other Data
	SUBSEQUENT REPORT OF: L WORK
13. Describe proposed or completed operations. (Clearly state all pertinent det	ails, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiproposed completion or recompletion. 12/09/19 6-3/4" hole 12/09/19 Production Hole @ 16,340' MD, 11,405' TVD Casing shoe @ 16,325' MD, 11,411' TVD Ran 16,325' 5-1/2", 20#, TCYP-T10, TXP (MJ @ 164', 11,069' and 15,853') Ran 16,325' 5-1/2", 20#, TCYP-T10, TXP (MJ @ 164', 11,069' and 15,853') Lead Cement W/ 485 sx Class H(1.26 yld, 14.5 ppg) Did not circ cement to surface, TOC @ 9,152' by Calc Waiting on CBL RR completion to follow	
Spud Date: 11/06/19 Rig Release Date: 12/1	
I hereby certify that the information above is true and complete to the best of my kn	owledge and belief.
SIGNATURE M MUS TITLE Sr. Regulatory	Administrator DATE 01/30/2020
Type or print name Emily Follis E-mail address: emily_fo	llis@eogresources.comONE: 432-848-9163
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APPROVED BY: <u>ACCEPTED TOT</u> TITLE JIU Conditions of Approval (if any): NMOCD	DATE