Submit 1 Copy To Appropriate District Office	State of New Mexic		Form C-1	
<u>District I</u> (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural I	Resources	Revised July 18, 2 WELL API NO. 30-015-46276	2013
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	000 Rio Brazos Rd., Aztec, NM 87410			
District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM - (505) 476-3460 - (505) 476-3460		>	6. State Oil & Gas Lease No. 325165	
87505	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Nam	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			QUAIL 2 STATE COM	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other			8. Well Number #724H	
2. Name of Operator EOG RESOURCES			9. OGRID Number 7377	
3. Address of Operator			10. Pool name or Wildcat	
P O BOX 2267, MIDLAND TX 79702			98220 PURPLE SAGE; WOLFCAMP (GAS)	
4. Well Location Unit Letter C :71	5 feet from the NORTH	line and 21	14 feet from the WEST	11
Section 2			NMPM County LEA	^m
	11. Elevation (Show whether DR, RK)			
	3211 GL			
12 Check An	propriate Box to Indicate Natur	e of Notice	Report or Other Data	U.
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NOTICE OF INT			SEQUENT REPORT OF:	
	CHANGE PLANS 📋 🗌 CC	1		
	MULTIPLE COMPL	∖SIŅ́G/CEMEN	IT JOB 🛛	
OTHER:		ΠĽĮΧ.	LCSG	X
			nd give pertinent dates, including estimated mpletions: Attach wellbore diagram of	date
proposed completion or recon			inpletions. Attach wendore diagram of	
12/20/19 6-3/4" hole \$2/20/19 Production Hole @ 16,181' MD, 11	405' TVD			
Casing shoe @ 16,170' MD, 11,405' TVD Ran 16,170' 5-1/2", 20#, P-110, TXP (Market				
Lead Cement w/ 490 sx Class C(1.26 yld, 1- Did not circ cement to surfcae, TOC @ 8,56	4.5 ppg)	to follow		
· • •			RECEIVED	
			JAN 1 3 2020	
			EMNRD-OCD AR	TEQI
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	<u>,</u>		······	
Spud Date: 10/27/19	Rig Release Date:	12/22/19		
I hereby certify that the information ab	ove is thue and complete to the best o	f my knowledg	ge and belief.	
SIGNATURE	TITLE Sr. Regu	latory Admin	histrator DATE 01/09/20	
Type or print name. Emily Follis	E-mail address: et	mily_follis@e	eogresources.comONE: 432-848-916	3
<u> </u>	to ct n		num the	
APPROVED BY:	Ditle <u>Stat</u>	Ny	DATE 1/15/20	
······································			120/20 KS	
			122/20 KS	