

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

Form C-103
 Revised July 18, 2013

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

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-46279
2. Name of Operator EOG RESOURCES		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		6. State Oil & Gas Lease No. 325165
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>		7. Lease Name or Unit Agreement Name QUAIL 2 STATE COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3207 GL		8. Well Number <u>705H</u> 9. OGRID Number <u>7377</u> 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: 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"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <u>DRILL CSG Amended</u> <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 7-5/8", 29.7#, ECP-110 BTC SC (0' - 1,100')
 Ran 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 psi time 30 min that was missing

RECEIVED

JAN 13 2020

EMNRD-OCD ARTESIA

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 Emily Follis TITLE Sr. Regulatory Administrator DATE 01/08/20

Type or print name Emily Follis E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 1/15/20

Conditions of Approval (if any):

1/29/20 KS