

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

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

WELL API NO. 30-025-44895
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. 40402
7. Lease Name or Unit Agreement Name Thor 21
8. Well Number 770H
9. OGRID Number 7377
10. Pool name or Wildcat 84410; Salado Draw; Wolfcamp (Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3259' GR

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 [X] Gas Well [ ] Other [ ]
2. Name of Operator EOG Resources, Inc.
3. Address of Operator P.O. Box 2267, Midland, Texas 79702
4. Well Location Unit Letter P : 670 feet from the South line and 175 feet from the East line
Section 21 26S Township 33E Range NMNM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3259' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [X]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: [ ]

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.

EOG Resources Inc, respectfully requests a one year extension to our approved APD for this well.

APD EXPIRES 06/14/2021

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 Star L Harrell TITLE Sr Regulatory Specialist DATE 5/13/20

Type or print name Star Harrell E-mail address: star\_harrell@eogresources.com PHONE: 432-848-9161

For State Use Only

APPROVED BY: [Signature] TITLE DATE 06/01/2020
Conditions of Approval (if any):