

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

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. 30-025-45254
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, Inc.		6. State Oil & Gas Lease No. 322716
3. Address of Operator P.O. Box 2267, Midland, Texas 79702		7. Lease Name or Unit Agreement Name Berry 8 State Com
4. Well Location Unit Letter <u>H</u> : <u>2121</u> feet from the <u>North</u> line and <u>849</u> feet from the East <u> </u> line Section <u>8</u> <u>21S</u> Township <u>34E</u> Range <u> </u> NMNM Lea County		8. Well Number <u>202H</u>
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 3710' GR		9. OGRID Number <u>7377</u>
10. Pool name or Wildcat Berry; Bone Spring, North		

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

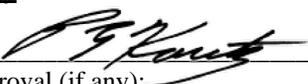
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> GUARANTEE PLAN <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING COMPLETION <input type="checkbox"/> BAND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 that expires on 10/12/20.

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 9/14/2020
 Type or print name Star Harrell E-mail address: star_harrell@eogresources.com PHONE: 432-848-9161
For State Use Only
 APPROVED BY:  TITLE _____ DATE 10/07/2020
 Conditions of Approval (if any): _____