

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

RECVD 12/9/20

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.)		WELL API NO. 3002546771
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		6. State Oil & Gas Lease No. 317562
3. Address of Operator 5509 Champion Drive, Midland, Texas 79703		7. Lease Name or Unit Agreement Name FRAZIER 27 STATE COM
4. Well Location Unit Letter B : 1003 feet from the NORTH line and 2285 feet from the EAST line Section 27 Township 24S Range 33E NMPM LEA County		8. Well Number 102H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3515'		9. OGRID Number 7377
10. Pool name or Wildcat 96682 TRISTE DRAW, BONE SPRING EAST		

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 type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: DRILLING CASING <input checked="" 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.

11-27-2020 12-1/4" hole
 1st Intermediate Hole @ 5,148' MD, 5,100' TVD
 Casing shoe @ 5,133' MD
 Ran 9-5/8", 40#, J-55 LTC (0' - 3,865')
 Ran 9-5/8", 40# HCK-55 LTC (3,865' - 5,133')
 Lead Cement w/ 1,115 sx Class C (2.18 yld, 12.7 ppg), followed by 305 sx Class C (1.39 yld, 14.8 ppg)
 Test casing to 1,500 psi for 30 min - OK. Circ 425 sx cement to surface

12-05-2020 8-1/2" hole
 Production Hole @ 19,425' MD, 9,485' TVD
 Casing Shoe @ 19,410' MD, 9,485' TVD
 Ran 5-1/2", 20#, ECP-110, DWC (MJ @ 8,772' and 18,925')
 Cement w/ 390 sx Class L (3.75 yld, 10.5 ppg), trail w/ 2,285 sx Class H (1.23 yld, 14.5 ppg)
 No casing test Did not circ cement to surface, TOC @ 4,118' by Calc waiting on CBL

Spud Date: Rig Release Date:

12/10/2020 -PM NMOCD

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 12/09/2020

Type or print name _____ E-mail address: emily_follis@eogresources.com PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):