

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

Form C-103  
 Revised July 18, 2013

|   |
|---|
| WELL API NO.<br>30-025-45755  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>LOMAS ROJAS 26 STATE COM                                    |
| 8. Well Number<br>505H  |
| 9. OGRID Number<br>7377   |
| 10. Pool name or Wildcat<br>51020 - RED HILLS; LOWER BONE SPRING                                    |

**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  Gas Well  Other

2. Name of Operator  
EOG RESOURCES

3. Address of Operator  
P O BOX 2267, MIDLAND TX 79702

4. Well Location  
 Unit Letter D : 720 feet from the NORTH line and 950 feet from the WEST line  
 Section 26 Township 25S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3342 GL

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

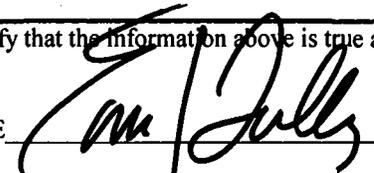
| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                                       |  |
|--|---|---|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                      | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input checked="" type="checkbox"/>       |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |   |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |   |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: DRILL CSG <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.

04/26/19 8-3/4" Hole  
 04/26/19 Production Casing @ 15,702' MD, 10,828' TVD  
 Ran 5-1/2", 20#, ICYP-110, Geoconn (MJ @ 330 and 10,120')  
 Lead Cement w/ 360 sx Class H (2.63 yld, 10.8 ppg)  
 followed w/515 sx Class H (2.03 yld, 11.5 ppg), Tail w/1,340 sx Class H (1.19 yld, 14.5 ppg)  
 Did not circ cement to surface, TOC @ 3,929' by Calc Waiting on CBL Completion to follow

Spud Date: 04/04/19 Rig Release Date: 04/27/19 RR

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Sr. Regulatory Administrator DATE 04/30/19

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

**For State Use Only**

APPROVED BY:  TITLE \_\_\_\_\_ DATE 05/06/19  
 Conditions of Approval (if any): \_\_\_\_\_