

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

HOBBS OCD
RECEIVED
APR 25 2019

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

WELL API NO. 30-025-45776
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 321018
7. Lease Name or Unit Agreement Name RED RAIDER 25 STATE COM
8. Well Number 503H
9. OGRID Number 7377
10. Pool name or Wildcat 96434] RED HILLS; BONE SPRING, NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3504 GL

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
PO BOX 2267, MIDLAND, TX 79702

4. Well Location
Unit Letter **P** : **214** feet from the **SOUTH** line and **931** feet from the **EAST** line
Section **25** Township **24S** Range **33E** NMPM County **LEA**

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A
- OTHER: **BHL CHANGE**

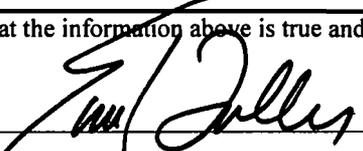
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

EOG respectfully requests an amendment to our approved APD for this well to reflect changes in the BHL and the casing design. And a name change to State Com

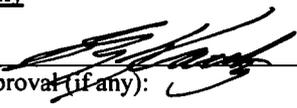
Spud Date:

Rig Release Date:

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

SIGNATURE  TITLE Sr. Regulatory Administrator DATE 04/25/19

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

APPROVED BY:  TITLE _____ DATE 05/13/19

Conditions of Approval (if any): _____