| Submit 1 Copy Office | To Appropriate District | State of New Mexico | | | Form C-103 | |
|---|--|--|-----------------|--------------------|---|---------------------------|
| <u>District I</u> - (575 | | Energy, Minerals and Natural Resources | | | Revised July 18, 2013 WELL API NO. | |
| 1625 N. French District II – (57: | Dr., Hobbs, NM 88240 5) 748-1283 | OH CONCE | N / A (T) (N) | Day of | WELL AFIN | 30-025-45370 |
| 811 S. First St., | BILS. First St., Artesia, NM 88210 OIL CONSERVATION DIVIDING | | | | 5. Indicate T | |
| | District III - (505) 334-6178 1220 South St. Erg. Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | STAT | E 🔀 FEE 🗌 |
| | 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 | | | | 6. State Oil & | & Gas Lease No. |
| 87505 UN 5.5. THAILES BY, SMITH TO, THAI | | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | 7. Lease Nan | ne or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUCIAGE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) (PROPOSALS.) | | | | | CARAVAN 28 STATE COM | |
| 1. Type of Well: Oil Well Gas Well Other | | | | | 8. Well Number 701H | |
| 2. Name of Operator EOG RESOURCES INC | | | | | 9. OGRID Number 7377 | |
| 3. Address of Operator PO BOX 2267 MIDLAND, TX 79702 | | | | | 10. Pool name or Wildcat WC-025 G-09 S243336I; UPPER WOLFCAMP | |
| 4. Well Location | | | | | | |
| Unit | t LetterC : | 546' feet from th | e NORTI | H line and 21 | 53' feet | from the WEST line |
| Sect | tion 28 | Township | | inge 33E | NMPM | County LEA |
| | | 11. Elevation (Show | | RKB, RT, GR, etc.) | | |
| 3519' GR | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | |
| | | | | | | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WORK □ ALTERING CASING □ | | | | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A | | | | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | | | | |
| DOWNHOLE COMMINGLE | | | | | | |
| CLOSED-LO OTHER: | OP SYSTEM | | | OTHER: Com | nlotion | ₩ |
| OTHER: OTHER: Completion 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. | | | | | | |
| 05/17/2019 RAN L-80 2 7/8" TBG AND GAS LIFT VALVES, SET TBG @ 12,144' | | | | | | |
| PUT WELL BACK ON PRODUCTION | | | | | | |
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| _ | | | | | | |
| Spud Date: | 12/20/20: | Pic | Release Da | te: 2/9/20 | 110 | |
| Spud Date. | 12/20/20 | 10 | , Keicase Da | 2/3/20 | | |
| | | | | | | |
| 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 06/19/2019 | | | | | | |
| U — Unitation Annual — Unitation and Comments | | | | | | |
| Type or print name Kristina Agee E-mail address: kristina_agee@eogresources.com PHONE: 432-686-6996 For State Use Only | | | | | | |
| | | | | | | |
| APPROVED E | 3Y: | TIT | TLE | Petroleum I | ingineer | DATE 07/02/19 |
| Conditions of Approval (If any): | | | | | | |