

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

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. <b>30-025-45775</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>320713</b>
7. Lease Name or Unit Agreement Name <b>RED RAIDER 25 STATE COM</b>
8. Well Number <b>502H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat [96434] RED HILLS; BONE SPRING, NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3504 GL</b>

**HOBBS OCD**  
**RECEIVED**  
 JUL 03 2019

**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 **P** : **211** feet from the **SOUTH** line and **964** 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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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.

06/19/19 20" Conductor @ 120"

06/19/19 17-1/2" hole  
 Surface Casing @ 1,308'  
 13-3/8" 54.5# J-55 STC  
 Ran Cement w/ 1,070 sx Class C (1.76 yld, 13.5 ppg), Trail w/210 sx Class C (1.36 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min - Good Circ 562 sx cement to surface Resume Drilling 8-3/4" hole

*JPM*

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 *Emily Follis* TITLE Sr. Regulatory Administrator DATE 07/01/19  
 Type or print name Emily Follis E-mail address: emily\_follis@eogresources.com PHONE: 432-848-9163  
**For State Use Only**

APPROVED BY: *[Signature]* TITLE **Petroleum Engineer** DATE 07/01/19  
 Conditions of Approval (if any):