

HOBBS OGD
 State of New Mexico
 Energy, Minerals and Natural Resources
RECEIVED
 CONSERVATION DIVISION
 1220 S. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-45774
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 320713
7. Lease Name or Unit Agreement Name RED RAIDER 25 STATE COM
8. Well Number 501H
9. OGRID Number 7377
10. Pool name or Wildcat [96434] RED HILLS; BONE SPRING, NORTH

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 : 208 feet from the SOUTH line and 997 feet from the EAST line
 Section 25 Township 24S Range 33E NMPM County LEA COUNTY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3504 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.

08/20/19 8-3/4" HOLE
 08/20/19 Production Casing @ 21,357' MD, 10,975' TVD
 Ran 5-1/2", 20#, ICYP-110, TXP (MJ @ 10,498' and 20,888')
 Lead Cement w/ 685 sx Class H (3.48 yld, 10.5 ppg), Trail w/2,610 sx Class H (1.19 yld, 14.5 ppg)
 Test casing to 2,100 psi for 10 min -Good Did not circ cement to surface, TOC @ 10,674' by Calc
 Waiting on CBL RR

Spud Date: 5/27/19
 06/17/19

Rig Release Date: 08/23/19

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 08/26/19

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 _____ DATE 09/06/19

Conditions of Approval (if any):