

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

HOBBS OGD State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED AUG 28 2019 CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-46037
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 325730
7. Lease Name or Unit Agreement Name TAIPAN 31 STATE
8. Well Number 502H
9. OGRID Number 7377
10. Pool name or Wildcat 97964 WC-025 G-07 S243225C; LWR 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
PO BOX 2267, MIDLAND, TX 79702

4. Well Location
Unit Letter **M** : **678** feet from the **SOUTH** line and **709** feet from the **FWL** line
Section **31** Township **24S** Range **33E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3514 GL

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

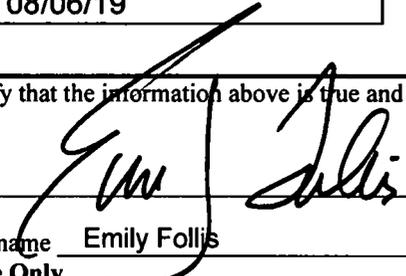
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE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

08/18/19 8-3/4" hole
08/18/19 Production Casing @ 15,965' MD, 11,047' TVD
Ran 5-1/2", 20#, EY HCP-110, RDT-BTX (MJ @ 10,425')
Lead Cement w/ 650 sx Class C (3.36 yld, 10.5 ppg), Trail w/1,075 sx Class C (1.19 yld, 14.5 ppg)
Did not circ cement to surface, TOC @ 2,069' by Calc Waiting on CBL RR

Spud Date: **08/06/19** Rig Release Date: **08/20/19**

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 08/26/19

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

APPROVED BY:  TITLE DATE 09/06/19
Conditions of Approval (if any)