

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  
**HOBBS OCD**

WELL API NO. 30-025-46364
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 320644
7. Lease Name or Unit Agreement Name BANDIT 29 STATE COM
8. Well Number #705H
9. OGRID Number 7377
10. Pool name or Wildcat 98092 WC-025 G-09 S2433361; UPPER WOLFCAMP

**SUNDRY NOTICES AND REPORTS** OCT 21 2019  
 (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 **D** : **447** feet from the **NORTH** line and **1042** feet from the **WEST** line  
 Section **29** Township **24S** Range **33E** NMPM County **LEA CO, NM**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3538 GL

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.

10/19/19 8-3/4" hole  
 10/19/19 Intermediate Hole @ 11,939' MD, 11,787' TVD  
 Casing shoe @ 11,924' MD  
 Ran 7-5/8", 29.7#, HCP-110 BTC SC (0' - 1,143')  
 Ran 7-5/8", 29.7#, ECP-110 MO-FXL (1,143' - 11,924')  
 Stage 1: Lead Cement w/ 390 sx Class C (1.22 yld, 15.6 ppg)  
 Test casing to 2,500 psi for 30 min - Good. Did not circ cement to surface, TOC @ 9,074' by Calc  
 Stage 2: Bradenhead squeeze w/ 1,000 sx Class H (1.53 yld, 14.8 ppg)  
 Stage 3: Top out w/ 63 sx Class C (1.35 yld, 14.8 ppg) TOC @ surface Resume drilling 6-3/4" hole

Spud Date: 10/09/19  
 Rig Release Date: 10/21/19

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 10/22/19

Type or print name Emily Follis E-mail address: emily\_follis@eogresources.com PHONE: 432-848-9163

**For State Use Only**  
 APPROVED BY: *Emily Follis* TITLE Petroleum Engineer DATE 11/10/19  
 Conditions of Approval (if any):