

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 APL NO. <b>30-025-46368</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>319585</b>
7. Lease Name or Unit Agreement Name <b>DATE 14 STATE COM</b>
8. Well Number <b>#506H</b>
9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>[5535] BERRY; BONE SPRING, NORTH</b>

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.)

NOV 07 2019 RECEIVED

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 **M** : **782** feet from the **SOUTH** line and **1019** feet from the **WEST** line  
 Section **14** Township **21S** Range **33E** NMPM County **LEA CO, NM**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3811 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: <b>DRILL CSG</b> <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.

10/29/19 8-3/4" hole  
 10/29/19 Production Hole @ 21,326' MD, 10,914' TVD  
 Casing Shoe @ 21,316' MD, 10,914' TVD  
 Ran 5-1/2", 20#, ICYP-110, TXP (MJ @ 10,540' & 20,841') (Airlock @ 11,118')  
 Stage 1 Lead Cemented w/ 2,680 sx of Class H (1.26 yld, 14.5 ppg)  
 Test casing to 2,300 psi for 10 min, Good Did not circ cement to surface, TOC @ 7,000' by Calc  
 Stage 2: Bradenhead squeeze w/ 1,500 sx Class C (1.53 yld, 14.8 ppg) TOC @ surface Waiting on CBL Completion to follow RR

Spud Date: 09/19/19  
~~10/04/19~~

Rig Release Date: 10/30/19

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 11/05/19

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

APPROVED BY: *Emily Follis* TITLE Petroleum Engineer DATE 11/10/19

Conditions of Approval (if any):