

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  
**HOBBS OCD**  
**NOV 14 2019**  
**RECEIVED**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-44565
2. Name of Operator EOG Resources, Inc.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. Box 2267, Midland, Texas 79702		6. State Oil & Gas Lease No. 317298
4. Well Location Unit Letter <u>M</u> : <u>330</u> feet from the <u>South</u> line and <u>493</u> feet from the West line Section <u>15</u> <u>26S</u> Township <u>33E</u> Range <u>          </u> NMNM Lea County		7. Lease Name or Unit Agreement Name Magnolia 15
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3286' GR		8. Well Number 740H
9. OGRID Number 7377		10. Pool name or Wildcat Sanders Tank; Upper Wolfcamp

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

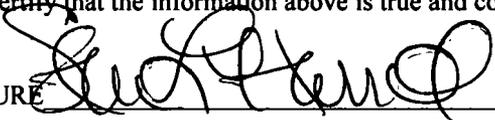
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE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

EOG Resources Inc, respectfully requests a one year extension to our approved APD for this well.

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  TITLE Sr Regulatory Specialist DATE 11/11/19

Type or print name Star Harrell E-mail address: star\_harrell@eogresources.com PHONE: 432-848-9161

**For State Use Only**  
 APPROVED BY:  TITLE Petroleum Engineer DATE 11/20/19  
 Conditions of Approval (if any):