

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 **HOBBS OCD**

WELL API NO <b>30-025-46303</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>326115</b>	
7. Lease Name or Unit Agreement Name <b>BANDIT 32 STATE COM</b>	
8. Well Number	<b>706H</b>
9. OGRID Number	<b>7377</b>
10. Pool name or Wildcat 98092 WC-025 G-09 S2433361; UPPER WOLFCAMP	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3504 GL</b>	

NOV 21 2019  
**RECEIVED**

**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 **F** : **2339** feet from the **NORTH** line and **1447** feet from the **WEST** line  
 Section **32** Township **24S** Range **33E** NMPM County **LEA CO, NM**

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"/>		OTHER: DRILL CSG <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input 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.

11/16/19 8-3/4" hole  
 11/16/19 Intermediate Hole @ 11,841' MD, 11,816' TVD  
 Casing shoe @ 11,823' MD, 11,799' TVD  
 Ran 7-5/8", 29.7#, ECP-110 BTC SC (0' - 1,050')  
 Ran 7-5/8", 29.7#, HCP-110 MO-FXL (1,050' - 11,823')  
 Ran Stage 1: Lead Cement w/ 390 sx Class H (1.20 yld, 15.6 ppg)  
 Test casing to 2,500 psi for 30 min - Good. Did not circ cement to surface, TOC @ 7,300'  
 Stage 2: Bradenhead squeeze w/ 1,000 sx Class H (1.50 yld, 14.8 ppg)  
 Stage 3: Top out w/ 246 sx Class C (1.37 yld, 14.8 ppg) TOC @ surface Resume Drilling 6-3/4" hole

Spud Date:

**10/15/19**

Rig Release Date:

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 11/20/19

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

**11/22/19**

Conditions of Approval (if any):