

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

RECEIVED
HOBBBS
 NOV 21 2019

SUNDRY NOTICES AND REPORTS ON WELLBORES (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.)		WELL API NO. 30-025-46390
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG RESOURCES		6. State Oil & Gas Lease No. 313191
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name GEM 36 STATE COM
4. Well Location Unit Letter <u>C</u> : <u>250</u> feet from the <u>NORTH</u> line and <u>2675</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>25S</u> Range <u>32E</u> NMPM County <u>Lea co NM</u>		8. Well Number <u>504H</u> 9. OGRID Number <u>7377</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3410 gl</u>		10. Pool name or Wildcat 97903 WC-025 G-08 S253235G; LWR BONE SPRIN

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

NOTICE OF INTENTION TO: 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 type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" 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.

10/28/19 GEM 36 STATE COM
 11/10/19 17-1/2" hole
 11/10/19 Surface Hole @ 893' MD, 892' TVD
 Casing shoe @ 893' MD
 Ran 13-3/8" 54.5# J-55 STC
 Lead Cement w/ 445 sx Class C (1.76 yld, 13.5 ppg), Trail w/ 200 sx Class C (1.36 yld, 14.8 ppg)
 Test casing to 1,500 psi for 30 min -OK. Circ 191 sx cement to surface Resume drilling 12-1/4" hole
 11/13/19 12-1/4" hole
 11/13/19 1st Intermediate Hole @ 4,701' MD, 4,684' TVD
 Casing shoe @ 4,686' MD
 Ran 9-5/8", 40#, J-55 LTC (0' - 3,997')
 Ran 9-5/8", 40#, HCK-55 LTC (3,997' - 4,686')
 Lead Cement w/ 1,390 sx Class C (1.88 yld, 12.9 ppg), Trail w/340 sx Class C (1.37 yld, 14.8 ppg)
 Bump plug, test casing to 1,500 psi for 30 min - OK. Did not circ cement to surface, TOC @ 250' by Calc Resume Drilling 8-3/4" hole

Spud Date: 10/28/19 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 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: TITLE Petroleum Engineer DATE 11/22/19

Conditions of Approval (if any):