

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

DEC 19 2019

RECEIVED

WELL API NO. 30-025-46451
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 313188
7. Lease Name or Unit Agreement Name OSPREY 10
8. Well Number #302H
9. OGRID Number 7377
10. Pool name or Wildcat 97369 RED HILLS; BONE SPRING, EAST

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-100) 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 N : 200 feet from the SOUTH line and 1700 feet from the WEST line
 Section 10 Township 25S Range 34E NMPM County LEA CO

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3335' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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.

11/16/19 20" Conductor @ 115
 11/26/19 17-1/2" HOLE
 11/26/19 Surface Hole @ 1,025' MD, 1,025' TVD
 Casing shoe @ 1,010' MD
 Ran 13-3/8" 54.5# J-55 STC
 Lead Cement w/ 555 sx Class C (1.79 yld, 13.5 ppg), Trail w/230 sx Class C (1.35 yld, 14.8 ppg)
 Test casing to 1,500 psi for 30 min - Good. Circ 271 sx cement to surface resume drilling 12-1/4" hole

12/12/19 12-1/4" hole
 12/12/19 1st Intermediate Hole @ 5,750' MD, 5,706' TVD
 Casing shoe @ 5,329' MD
 Ran 9-5/8", 40#, J-55 LTC (0' - 3,986')
 Ran 9-5/8", 40#, HCK-55 LTC (3,986' - 5,329')
 Lead Cement w/ 1,090 sx Class C (2.26 yld, 12.7 ppg), Trail w/ 335 sx Class C (1.39 yld, 14.8 ppg)
 Test casing to 2,100 psi for 30 min - Good. Circ 186 sx cement to surface Resume drilling 8-3/4" hole

Spud Date: 11/16/19 11/16/19

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 12/16/19

Type or print name Emily Follis E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163
For State Use Only

APPROVED BY: TITLE _____ DATE 12/29/19
 Conditions of Approval (if any): _____