

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

WELL API NO. 30-025-46447
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 325730
7. Lease Name or Unit Agreement Name TAIPAN 31 STATE
8. Well Number 702H
9. OGRID Number 7377
10. Pool name or Wildcat 98180 WC-025 G-09 S253309P; UPR WOLFCAMP

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 **M** : **618** feet from the **SOUTH** line and **616** feet from the **WEST** line
 Section **31** Township **24S** Range **33E** NMPM County **LEA CO**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3514 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"/>	

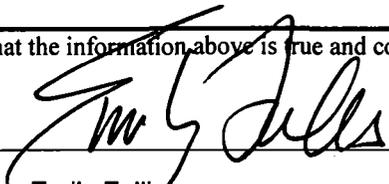
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/01/19 20" Conductor @ 115'
 12/11/19 12 1/4" HOLE
 12/11/19 Surface Hole @ 1,187' MD, 1,186' TVD
 Casing shoe @ 1,172' MD
 Ran 9-5/8" 40# J-55 LTC
 Lead Cement w/ 520 sx Class C (1.76 yld, 13.5 ppg), Trail w/ 90 sx Class C (1.36 yld, 14.8 ppg)
 Test casing to 1,500 psi for 30 min -good Circ 271 sx cement to surface

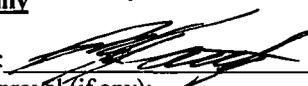
12/17/19 8-3/4" hole
 12/17/19 Intermediate Hole @ 11,880' MD, 11,825' TVD
 Casing shoe @ 11,864' MD
 Ran 7-5/8", 29.7#, HCP-110 BTC SC (0' - 958")
 Ran 7-5/8", 29.7#, ECP-110 MO-FXL (958' - 11,864')
 Stage 1: Cement w/ 415 sx Class H + 1% MagOx-M + 0.4% CPT-30 + 0.1% D-3 + 0.45% CPT-23 (1.20 yld, 15.6 ppg)
 Test casing to 2,600 psi for 30 min -Good Did not circ cement to surface, TOC @ 7,006' by Calc
 Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.50 yld, 14.8 ppg)
 Stage 3: Top out w/ 180 sx Class C (1.37 yld, 14.8 ppg) TOC @ surface Resume Drilling

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 Administrator DATE 12/20/19

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

APPROVED BY:  TITLE _____ DATE 12/31/19
 Conditions of Approval (if any): _____