

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.<br><b>30-025-46448</b>   |  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |  |
| 6. State Oil & Gas Lease No.<br><b>325730</b>   |  |
| 7. Lease Name or Unit Agreement Name<br><b>TAIPAN 31 STATE</b>                                      |  |
| 8. Well Number <b>#703H</b>   |  |
| 9. OGRID Number<br><b>7377</b>  |  |
| 10. Pool name or Wildcat<br>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 **N** : **311** feet from the **SOUTH** line and **6181960** feet from the **WEST** line  
 Section **31** Township **24S** Range **33E** NMPM County **LEA CO**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3509 GL

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

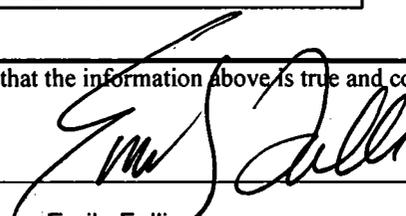
11/23/19 20" Conductor @ 115'  
 12/09/19 12-1/4" HOLE  
 12/09/19 Surface Hole @ 1,231' MD, 1,231' TVD  
 Casing shoe @ 1,216' MD  
 Ran 9-5/8" 40# J-55 LTC  
 Lead Cement w/ 535 sx Class C (1.76 yld, 13.5 ppg), Trail w/ 90 sx Class C (1.36 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min -Good. Circ 185 sx cement to surface

12/14/19 8-3/4" hole  
 12/14/19 Intermediate Hole @ 11,825' MD, 11,807' TVD  
 Casing shoe @ 11,810' MD  
 Ran 7-5/8", 29.7#, HCP-110 BTC SC (0' - 1,106')  
 Ran 7-5/8", 29.7#, ECP-110 MO-FXL (1,106' - 11,810')  
 Stage 1: Lead Cement w/ 420 sx Class H(R)-9 (1.22 yld, 15.6 ppg)  
 Test casing to 2,600 psi for 30 min - good. Did not circ cement to surface, TOC @ 6,725' by Calc  
 Stage 2: Bradenhead squeeze w/ 1,000 sx Class H (1.52 yld, 14.8 ppg)  
 Stage 3: Top out w/ 105 sx Class H (1.34 yld, 14.8 ppg) TOC @ surface Resume Drilling 6-3/4" hole

Spud Date: **11/23/19**

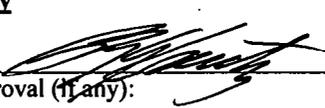
Rig Release Date:

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 **12/20/19**

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): \_\_\_\_\_