

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**

|   |
|---|
| WELL API NO.<br>30-025-46388  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>313191  |
| 7. Lease Name or Unit Agreement Name<br>GEM 36 STATE COM  |
| 8. Well Number<br>205H  |
| 9. OGRID Number<br>7377   |
| 10. Pool name or Wildcat<br>97838 JENNINGS; UPPER BONE SPRING SHALE                                 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3389 GL                                       |

DEC 30 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 **D** : **745** feet from the **NORTH** line and **582** feet from the **WEST** line  
 Section **36** Township **25S** Range **32E** NMPM County **LEA CO**

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: 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.

10/23/19 20" Conductor @ 115'  
 11/08/18 17-1/2" HOLE  
 Surface Hole @ 940' MD, 939' TVD  
 Casing shoe @ 920' MD  
 Ran 13-3/8" 54.5# J-55 STC  
 Lead Cement w/ 650 sx Class C (1.79 yld, 13.5 ppg), Trail w/ 150 sx Class C (1.35 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min - good Circ 376 sx cement to su

11/18/19 12-1/4" hole  
 11/18/19 1st Intermediate Hole @ 4,710' MD, 4,646' TVD  
 Casing shoe @ 4,696' MD  
 Ran 9-5/8", 40#, J-55 LTC (0' - 3,997')  
 Ran 9-5/8", 40#, HCK-55 LTC (3,997' - 4,696')  
 Lead Cement w/ 1,125 sx Class C (2.26 yld, 12.7 ppg), Trail w/ 280 sx Class C (1.39 yld, 14.8 ppg)  
 Test casing to 2,500 psi for 30 min - OK. Circ 430 sx cement to surface

11/30/19 8-1/2" hole  
 11/30/19 Production Hole @ 14,614' MD, 9,732' TVD  
 Casing Shoe @ 14,599' MD, 9,732' TVD  
 Ran 5-1/2", 20#, EY HCP-110, RDT-BTX (MJ @ 9,081' and 14,135')  
 Lead Cement w/ 480 sx Class H (3.49 yld, 10.5 ppg), Trail w/ 1,035 sx Class H (1.24 yld, 14.5 ppg)  
 Did not circ cement to surface, TOC @ 4,165' by CBL RR Completion to follow

Spud Date: **10/23/19** Rig Release Date: **12/02/19**

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 12/19/19

Type or print name Emily Follis E-mail address: emily\_follis@eogresources.com PHONE: 432-848-9163

**For State Use Only**

APPROVED BY: *[Signature]* TITLE Production Engineer DATE 01/07/19

Conditions of Approval (if any):