

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  
**HOBBS OGD**  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**RECEIVED**  
 JAN 30 2020

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-025-46610</b>
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 <b>EOG RESOURCES</b>		6. State Oil & Gas Lease No. <b>325160</b>
3. Address of Operator <b>P O BOX 2267, MIDLAND TX 79702</b>		7. Lease Name or Unit Agreement Name <b>PYTHON 36 STATE</b>
4. Well Location Unit Letter <b>P</b> : <b>250</b> feet from the <b>SOUTH</b> line and <b>576</b> feet from the <b>EAST</b> line Section <b>36</b> Township <b>24S</b> Range <b>32E</b> NMPM County <b>LEA CO NM</b>		8. Well Number <b>507H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3524 GL</b>		9. OGRID Number <b>7377</b>
		10. Pool name or Wildcat <b>97964 WC-025 G-07 S243225C; LWR BONE SPRIN</b>

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: <b>DRILL CSG</b> <input checked="" type="checkbox"/>	
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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.

01/07/2020 20" Conductor @ 115'  
 01/21/2020 17-1/2" HOLE  
 01/21/2020 Surface Hole @ 1,190' MD, 1,184' TVD  
 Casing shoe @ 1,171' MD  
 Ran 13-3/8" 54.5# J-55 STC  
 Lead Cement w/ 675 sx Class (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 - Good Circ 357 sx cement to surface Resume Drilling 12-1/4" hole

Spud Date: **01/07/2020** Rig Release Date:

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 01/28/2020

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 Petroleum Engineer DATE 01/28/2020  
 Conditions of Approval (if any):