

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>EOG RESOURCES, INC. SAVINGS AND RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>08/31/1999</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EOG RESOURCES, INC.</u> <u>1111 BAGBY, SKY LOBBY 2</u> <u>HOUSTON, TX 77002</u>
2b	Employer Identification Number (EIN) <u>47-0684736</u>
2c	Plan Sponsor's telephone number <u>713-651-6598</u>
2d	Business code (see instructions) <u>211120</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2022	PATRICIA EDWARDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3503
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2804
a(2) Total number of active participants at the end of the plan year		6a(2)	2707
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	727
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3434
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	15
f Total. Add lines 6d and 6e		6f	3449
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3433
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	93
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EOG RESOURCES, INC. SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EOG RESOURCES, INC.	D Employer Identification Number (EIN) 47-0684736	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL
94-1737782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SCHWAB RETIREMENT PLAN SERVICES, INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	204213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 59 71	NONE	873	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 58-2287224	SEE ATTACHMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	BRIGGS & VESELKA CO.	b EIN:	74-1769118
c Position:	ACCOUNTING FIRM		
d Address:	9 GREENWAY PLAZA #1700 HOUSTON, TX 77046	e Telephone:	713-352-1814

Explanation: BRIGGS & VESELKA CO. MERGED WITH CROWE LLP

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>EOG RESOURCES, INC. SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EOG RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>47-0684736</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TR FUND 2010</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3896299</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TR FUND 2015</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2304177</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TR FUND 2020</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34357000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TR FUND 2025</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13742390</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TR FUND 2030</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67465817</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TR FUND 2035</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11499612</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TR FUND 2040</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>95800719</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2045		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20694921
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2050		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117738393
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2055		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21844605
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2060		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6177446
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND - INCOME		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2724398
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND M		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-4365907-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115907468
a Name of MTIA, CCT, PSA, or 103-12 IE: EXTENDED EQUITY MARKET FUND T		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-3859614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59376942
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. DEBT INDEX FUND M		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-4395752-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11451553
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2065		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK		
c EIN-PN 81-0625169-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 949162
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE LG CAP GROWTH TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6528532-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75254639

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EOG RESOURCES, INC. SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EOG RESOURCES, INC.	D Employer Identification Number (EIN) 47-0684736	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1796485	1605489
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	60974772	56972884
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	8636098	8943731
(9) Value of interest in common/collective trusts	1c(9)	494255948	661185541
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	411347366	393328826
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 10312518	16430320
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 987323187	1138466791
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j 418034	302648
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 418034	302648
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 986905153	1138164143

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 44851023	
	(B) Participants	2a(1)(B) 31374052	
	(C) Others (including rollovers).....	2a(1)(C) 1673087	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	77898162
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 900719	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E) 426016	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	1326735
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 28020477	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	28020477
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 1968633	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 1162275	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	806358
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) 7154370	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	7154370

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		86167667
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		31537440
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		232911209
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	81043342	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		81043342
f Corrective distributions (see instructions).....	2f		404513
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	204364	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		204364
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		81652219
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		151258990
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP

(2) EIN: 35-0921680

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a	X		2675

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EOG RESOURCES, INC. SAVINGS AND RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EOG RESOURCES, INC.		D Employer Identification Number (EIN) 47-0684736
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

EOG Resources, Inc.

Savings and Retirement Plan

Financial Statements as of December 31, 2021 and 2020, and for the Year Ended December 31, 2021, Supplemental Schedules as of and for the year ended December 31, 2021, and Independent Auditor's Report

**EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN**

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020.....	6
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2021	7
Notes to Financial Statements.....	8
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year).....	17
Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions	18
Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee of
EOG Resources, Inc. Savings and Retirement Plan
Houston, Texas

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of EOG Resources, Inc. Savings and Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

The statement of net assets available for benefits of EOG Resources, Inc. Savings and Retirement Plan as of December 31, 2020, was reported on by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the auditor not to perform and they did not perform any auditing procedures with respect to the information certified by a qualified institution.

(Continued)

In their report dated June 16, 2021, they indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Crowe LLP". The letters are cursive and fluid, with the "C" being particularly large and the "LLP" being more compact.

Crowe LLP

Houston, Texas
July 5, 2022

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31,	
	<u>2021</u>	<u>2020</u>
ASSETS		
Participant-Directed Investments, at Fair Value	<u>\$ 1,127,917,571</u>	<u>\$ 976,890,604</u>
Receivables		
Notes Receivable from Participants	8,943,731	8,636,098
Employer Contributions	<u>1,605,489</u>	<u>1,796,485</u>
Total Receivables	<u>10,549,220</u>	<u>10,432,583</u>
Total Assets	<u>1,138,466,791</u>	<u>987,323,187</u>
LIABILITIES		
Excess Contributions Payable to Participants	<u>302,648</u>	<u>418,034</u>
Total Liabilities	<u>302,648</u>	<u>418,034</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,138,164,143</u>	<u>\$ 986,905,153</u>

The accompanying notes are an integral part of these financial statements.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2021
ADDITIONS	
Employer Contributions	\$ 44,851,024
Participant Contributions	31,374,052
Participant Rollovers	1,673,087
Interest and Dividend Income	28,974,828
Interest Income on Notes Receivable from Participants	426,016
Net Appreciation in Fair Value of Investments	<u>125,612,202</u>
Total Additions	<u>232,911,209</u>
DEDUCTIONS	
Benefits Paid	81,447,855
Administrative Expenses	194,314
Participant Loan Expenses	<u>10,050</u>
Total Deductions	<u>81,652,219</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	151,258,990
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>986,905,153</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 1,138,164,143</u></u>

The accompanying notes are an integral part of these financial statements.

**EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

1. DESCRIPTION OF THE PLAN

The following description of the EOG Resources, Inc. Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. A copy of the Plan document is available from EOG Resources, Inc. (EOG).

General

The Plan, as amended and restated effective January 1, 2016, and most recently amended effective March 27, 2020, is a tax-qualified defined contribution pension plan established on August 31, 1999, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is intended to comply with section 401(a) of the Internal Revenue Code of 1986, as amended (the Code) and all applicable regulations promulgated under such section. The Plan is funded by participant and EOG contributions. EOG is the employer and serves as the sponsor of the Plan.

Charles Schwab Trust Bank (Trustee) serves as the trustee of the Plan and Schwab Retirement Plan Services, Inc. (SRPS) serves as record-keeper of the Plan. The Trustee and SRPS are affiliates of each other and are each wholly owned subsidiaries of The Charles Schwab Corporation (Schwab). The assets of the Plan are held and managed by the Trustee.

The Plan is an ERISA Section 404(c) plan. As such, the participants in the Plan may direct the investment of their account balances into the various investment options offered through the Plan. At December 31, 2021, the Plan offered 14 mutual funds, one money market fund and 17 collective trust funds, of which 13 are managed retirement trust funds.

A committee appointed by the EOG Board of Directors administers the Plan.

Eligibility

Employees, as defined in the Plan, are eligible to participate in the Plan beginning on the later of the date the employee attains age 18 or the date the employee completes one hour of service, except for employees who are nonresident aliens who receive no earned income from EOG that constitutes income from sources within the United States of America.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Continued)

Participant Accounts

Each participant has an individual account in the Plan, which includes one or more subaccounts based upon contribution type. Each participant's account is credited with the participant's contributions and rollovers, employer contributions (matching and retirement) and investment earnings and charged with withdrawals and investment losses. Participant accounts may also be charged with an allocation of certain administrative expenses. The benefit to which a participant is entitled is the amount of the participant's vested benefit.

Contributions

Participant Contributions. Participants can contribute between 1% and 50% of their considered compensation as defined by the Plan (generally defined as base salary, overtime pay and any annual cash bonus) in any combination of pretax salary deferrals, Roth elective deferrals and/or after-tax contributions subject to certain limits prescribed by the Code. Participants age 50 or older may contribute additional pretax and/or Roth catch-up contributions, subject to Code limits. Participants may also contribute eligible amounts representing distributions from other qualified plans.

Participants may direct the investment of their account balances into any combination of investments offered by the Plan. The default investment election for the Plan is the applicable Schwab Managed Retirement Trust Fund, a set of 12 collective trust funds invested according to asset allocation models that align the investment's risk and return with future expected retirement dates in five-year windows. Notice of such default investment is provided to participants in compliance with United States Department of Labor (DOL) guidance.

Eligible employees who have not made an affirmative election to participate or opt out of participation in the Plan are automatically enrolled in the Plan after 30 days of employment at a pretax deferral rate of 6%. Participants may change their pretax deferral rate at any time. Contributions for which there is not a participant election shall be invested in the default investment election, which is the applicable Schwab Managed Retirement Trust Fund that corresponds to the applicable participant's estimated retirement date in five-year windows. A notice is provided to all new employees regarding the automatic enrollment provision in compliance with DOL guidance.

Employer Contributions. EOG matches pretax and Roth contributions dollar for dollar on the first 6% of considered compensation that an eligible participant contributes to the Plan as a pretax salary deferral and/or a Roth elective deferral. All employer matching contributions are allocated according to the participant's investment elections. The default investment election for employer matching contributions is the applicable Schwab Managed Retirement Trust Fund that corresponds to the applicable participant's estimated retirement date in five-year windows.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Continued)

In addition, employer retirement contributions under the Plan are funded solely by EOG based on a formula under which participants are assigned "points" representing a combination of the participant's age and years of service with EOG. EOG contributes a percentage of the participant's considered compensation according to the participant's points as of the beginning of each Plan year as described below.

<u>Points = (age + years of service)</u>	<u>Percentage Contribution</u>
< 40	3% of considered compensation
40 – 49	5% of considered compensation
50 – 59	7% of considered compensation
60 +	9% of considered compensation

All employer retirement contributions are allocated according to the participant's investment elections. The default investment election for employer retirement contributions is the applicable Schwab Managed Retirement Trust Fund that corresponds to the applicable participant's estimated retirement date in five-year windows.

A temporary employee is eligible to receive employer matching contributions and employer retirement contributions in the Plan beginning on the later of the date the employee attains age 18 or the date the employee completes 1,000 hours of employment during a period of 12 consecutive months.

Vesting

Vesting is the participant's ownership in and right to the assets in the participant's account. Participants are immediately 100% vested in their participant contributions and actual earnings or losses thereon. Participants become 20% vested in their employer matching and employer retirement contributions subaccounts after one year of service and vest an additional 20% for each year of service thereafter. Participants are 100% vested after five years of service. Participants automatically become 100% vested regardless of length of service upon i) reaching age 65, ii) disability as defined by the Plan, iii) death while an employee, or iv) termination of the Plan.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Continued)

Distributions

Participants may receive a distribution of 100% of their account upon retirement or disability subject to limitations set forth in the Plan. If a participant dies, the participant's spouse or designated beneficiary or beneficiaries is/are entitled to receive 100% of the remaining amount in the participant's account as of the date of death. Participants may also receive distribution of the vested balance in their account upon severance from service subject to limitations defined by the Plan. Alternate payees may receive distribution of the vested balance in their account following the Plan's determination of the qualified status of a domestic relations order. Distributions to participants of vested balances other than EOG Resources, Inc. Money Purchase Pension Plan (MPPP) subaccount balances are made in the form of a single lump-sum payment or, if the participant elects, periodic payments, or as a direct rollover to an eligible retirement plan or individual retirement account. Distributions to participants of vested MPPP subaccount balances are made in the form of a single life annuity, if the participant is single, or a qualified joint and survivor annuity, if the participant is married, or if the participant elects (with spousal consent, if married) in the form of a single lump-sum payment, periodic payments or as a direct rollover to an eligible retirement plan or individual retirement account.

Withdrawals and Notes Receivable from Participants

In-Service Withdrawals. Participants who are active EOG employees and who are at least age 59½ are entitled to withdraw their vested balance in their account, other than balances in their MPPP subaccount or employer retirement contributions subaccount, as an in-service withdrawal. Participants who are active EOG employees and who are at least age 62 are entitled to withdraw the entire vested balance in their account. All participants who are active EOG employees may receive financial hardship withdrawals subject to limitations defined by the Plan. EOG amended the Plan effective January 1, 2020, to permit (i) certain in-service related distributions of up to \$100,000 during the 2020 calendar year and (ii) qualified birth and adoption distributions of up to \$5,000.

Notes Receivable from Participants. Participants who are active employees of EOG may borrow from their Plan account, other than amounts in their MPPP subaccount or employer retirement contributions subaccount, a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000, reduced by the participant's highest outstanding loan balance from the Plan during the preceding one-year period, or 50% of the borrowing participant's vested account balance. The loan is fully secured by a pledge of the vested account balance in the borrowing participant's Plan account. Loan terms may not exceed five years, except for loans used for the purchase of a primary residence, which may be longer if the agreed-upon term is reasonable. Principal and interest are repaid ratably through payroll deductions. Participants may have no more than one loan outstanding at any time. Participant loans are reflected as Notes Receivable from Participants in the Statements of Net Assets Available for Benefits. At December 31, 2021 and 2020, such loans had maturities ranging from one year to 15 years and interest rates ranging from 4.25% to 6.50% and from 4.25% to 8.50%, respectively. EOG amended the Plan effective January 1, 2020, to permit certain coronavirus- related loans of up to \$100,000 during the period after March 27, 2020 through September 23, 2020, and to delay the repayment dates for outstanding loans by one year for loans with repayment due dates during the period from March 27, 2020 through December 31, 2020.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Continued)

Forfeitures

Any unvested balance in the account of a participant who has severed service and incurred a forfeiture under the terms of the Plan, and any adjustments to the employer contributions as a result of Code limitations, are transferred to the forfeiture account. Such account is included in the general assets of the Plan. Under the terms of the Plan, the forfeiture account is used to reduce employer contributions, restore previously forfeited amounts, if any, and/or pay Plan administrative expenses. During 2021, a total of \$1,965,212 was used to reduce employer contributions. At December 31, 2021 and 2020, the forfeiture account balances were \$35,267 and \$8,856, respectively.

Administrative Expenses

During 2021 and 2020, the Plan incurred administrative expenses totaling \$194,314 and \$190,617, respectively, of which \$0 and \$576, respectively, were paid with funds from the reduction in compensation account (see Note 2 - Summary of Significant Accounting Policies - Investment Valuation, Income Recognition and Payment of Benefits). EOG may elect to have any administrative expenses paid by the Plan.

Plan Termination

Although it has not expressed any intent to do so, EOG has the right under the Plan to discontinue its contributions at any time or to partially or totally terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, participants shall become 100% vested in the balance in their account.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation, Income Recognition and Payment of Benefits

Investments in common stock, mutual funds and money market funds are stated at fair value based on quotations obtained from national securities exchanges. Investments in collective trust funds are stated at fair value as determined by the issuer based on the fair value of the underlying investments.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Benefit payments are recorded when paid. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Plan investment fund management and advisor fees are asset-based fees that are charged to fund investors. Fees are deducted from income earned by the fund investment and are not separately reflected in the financial statements. Such fees were reflected as a reduction of investment return for such fund investments. Any portion of the asset-based fees which is returned to (or shared with) Schwab is credited to the participant accounts that held the investment(s) that generated the asset-based fees. All asset-based fees and fee sharing arrangements are required to be disclosed to EOG.

Excess Contributions Payable to Participants

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability on the Statements of Net Assets Available for Benefits with a corresponding reduction to participant contributions on the Statement of Changes in Net Assets Available for Benefits. The Plan distributed the 2021 and 2020 excess contributions to the applicable participants prior to March 15, 2022 and March 15, 2021, respectively.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. Related fees are recorded as administrative expenses and are expensed when they are incurred.

3. RISKS AND UNCERTAINTIES

The Plan provides for investments in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities occurring in the near term could materially affect the amounts reported in the financial statements and individual participant account balances.

Beginning in early 2020 and during 2021, the global economy and major financial markets were impacted by the coronavirus (COVID-19) pandemic and the measures taken to address and limit the spread of the virus. The effects of COVID-19 mitigation resulted in the recovery of the major financial markets by the end of 2020, but not the global economy. The Plan Sponsor was not significantly impacted by the broader effects of COVID-19. At this time, management is not aware of any material risk to the Plan and cannot quantify the future impact the COVID-19 pandemic may have on the Plan's financial statements.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Continued)

4. FAIR VALUE MEASUREMENTS

The Plan measures the fair value of investments in accordance with the provisions of the Fair Value Measurement Topic of the Financial Accounting Standards Board's Accounting Standards Codification which establishes a fair value hierarchy that prioritizes the relative reliability of inputs used in fair value measurements. Level 1 inputs are unadjusted quoted market prices in active markets for identical assets and liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are directly or indirectly observable inputs other than quoted prices included within Level 1. Level 3 inputs are unobservable inputs and have the lowest priority in the hierarchy. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. An asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table provides fair value measurement information within the fair value hierarchy for Plan assets measured at fair value at December 31, 2021 and 2020:

	Fair Value Measurements Using:			
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
At December 31, 2021				
Mutual Funds	\$ 393,328,826	\$ -	\$ -	\$ 393,328,826
EOG Common Stock	16,430,320	-	-	16,430,320
Money Market Funds	56,972,884	-	-	56,972,884
Collective Trust Funds	-	661,185,541	-	661,185,541
Total Investments, at Fair Value	\$ 466,732,030	\$ 661,185,541	\$ -	\$ 1,127,917,571
At December 31, 2020				
Mutual Funds	\$ 411,347,366	\$ -	\$ -	\$ 411,347,366
EOG Common Stock	10,312,518	-	-	10,312,518
Money Market Funds	60,974,772	-	-	60,974,772
Collective Trust Funds	-	494,255,948	-	494,255,948
Total Investments, at Fair Value	\$ 482,634,656	\$ 494,255,948	\$ -	\$ 976,890,604

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Continued)

Investments in common stock, mutual funds and money market funds are stated at fair value based on quotations obtained from national securities exchanges. Investments in collective trust funds are stated at fair value as determined by the issuer based on the fair value of the underlying investments. There were no trust level transfers between Level 1 and Level 2 investments during the years ended December 31, 2021 and 2020. There have been no changes in methodologies used at December 31, 2021 and 2020.

5. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

EOG, the Trustee and SRPS are parties-in-interest as defined by ERISA. Certain Plan investments are shares of EOG Common Stock and mutual funds and collective trust funds managed by the Trustee or an affiliate of the Trustee and are party-in-interest transactions. At December 31, 2021 and 2020, the Plan contained 184,964 shares and 206,788 shares, respectively, of EOG Common Stock. During 2021, dividend income from shares of EOG Common Stock in the Plan totaled \$891,550. Investment management fees are included as a reduction of the return earned on each fund. These transactions qualify as exempt party-in-interest transactions. There have been no known prohibited transactions with parties-in-interest. Notes receivable from participants also reflect party-in-interest transactions.

6. FEDERAL INCOME TAX STATUS

The Plan obtained its most recent favorable determination letter from the IRS dated October 25, 2017, in which the IRS stated that the Plan and related trust were qualified and exempt, respectively, under the applicable sections of the Code.

7. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following unaudited investment information has been certified by the Trustee to be complete and accurate and is included in the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Participant-Directed Investments, at Fair Value	\$ 1,127,917,571	\$ 976,890,604
Notes Receivable from Participants	8,943,731	8,636,098

The following unaudited investment information has been certified by the Trustee to be complete and accurate and is included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021:

	<u>2021</u>
Interest and Dividend Income	\$ 28,974,828
Interest Income on Notes Receivable from Participants	426,016
Net Appreciation in Fair Value of Investments	125,612,202

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS – (Concluded)

The Trustee also certified that the investment information presented as of December 31, 2021, in the supplemental schedule of assets held at end of year is complete and accurate.

8. PROHIBITED TRANSACTIONS

During 2021, the Company failed to remit to the Trustee certain participant contributions and loan repayments totaling \$2,675, within the timeframe called for within the DOL's regulations. As of December 31, 2021, the Company has remitted all delinquent participant contributions and loan repayments to the Plan, as well as made additional contributions to the affected participants' accounts to compensate those participants for lost income due to the delays in 2021. Management believes these nonexempt transactions do not affect the tax status determination of the Plan.

9. SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through July 5, 2022, which is the date the financial statements were available to be issued.

EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
FORM 5500, SCHEDULE H, PART IV, LINE 4(i) -
SCHEDULE OF ASSETS (HELD AT END OF
YEAR) AS OF DECEMBER 31, 2021

EIN 47-0684736 Plan No. 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Fair Value
*	EOG Resources, Inc.	Common Stock	**	\$ 16,430,320
	American Beacon Small Cap Val R5	Mutual Fund	**	22,325,126
	American Funds EuroPacific Growth R6	Mutual Fund	**	50,457,025
	American Funds Growth Fund of America R6	Mutual Fund	**	82,434,219
	DFA Global Real Estate SEC	Mutual Fund	**	9,633,826
	Frost Total Return Bond Instl	Mutual Fund	**	27,785,105
	Invesco Comstock R5	Mutual Fund	**	46,826,356
	Meridian Growth Institution	Mutual Fund	**	21,783,161
	Oakmark Equity and Income Investor	Mutual Fund	**	29,802,876
	T. Rowe Price Instl High Yield	Mutual Fund	**	15,872,448
	Vanguard Inflation-Protected Secs Instl	Mutual Fund	**	19,100,027
	Vanguard Short-Term Bond Instl	Mutual Fund	**	10,448,905
	Vanguard Tot Intl BD Index Instl	Mutual Fund	**	8,439,976
	Vanguard Tot Intl STK Instl	Mutual Fund	**	25,270,228
	Victory Established Value I	Mutual Fund	**	23,149,548
	Total Mutual Funds			<u>393,328,826</u>
	Blackrock Equity Index M	Collective Trust Fund	**	115,907,468
	Blackrock Extended MKT IDX T	Collective Trust Fund	**	59,376,942
	Blackrock US Debt Equity IDX M	Collective Trust Fund	**	11,451,553
*	Schwab Managed Retirement Trust Fund 2010 Class V	Collective Trust Fund	**	3,896,299
*	Schwab Managed Retirement Trust Fund 2015 Class V	Collective Trust Fund	**	2,304,177
*	Schwab Managed Retirement Trust Fund 2020 Class V	Collective Trust Fund	**	34,357,000
*	Schwab Managed Retirement Trust Fund 2025 Class V	Collective Trust Fund	**	13,742,390
*	Schwab Managed Retirement Trust Fund 2030 Class V	Collective Trust Fund	**	67,465,817
*	Schwab Managed Retirement Trust Fund 2035 Class V	Collective Trust Fund	**	11,499,612
*	Schwab Managed Retirement Trust Fund 2040 Class V	Collective Trust Fund	**	95,800,719
*	Schwab Managed Retirement Trust Fund 2045 Class V	Collective Trust Fund	**	20,694,921
*	Schwab Managed Retirement Trust Fund 2050 Class V	Collective Trust Fund	**	117,738,393
*	Schwab Managed Retirement Trust Fund 2055 Class V	Collective Trust Fund	**	21,844,605
*	Schwab Managed Retirement Trust Fund 2060 Class V	Collective Trust Fund	**	6,177,446
*	Schwab Managed Retirement Trust Fund 2065 Class V	Collective Trust Fund	**	949,162
*	Schwab Managed Retirement Trust Fund Income Class V	Collective Trust Fund	**	2,724,398
	T. Rowe Lg Cap Growth Trust B	Collective Trust Fund	**	75,254,639
	Total Collective Trust Funds			<u>661,185,541</u>
*	Schwab Value Advantage Money Fund	Money Market Fund	**	2,192
	Vanguard Trsy Money MKT Invstr	Money Market Fund	**	56,970,692
	Total Money Market Funds			<u>56,972,884</u>
*	Notes Receivable From Participants	Various maturities ranging from one year to 15 years and various interest rates ranging from 4.25% to 6.50%		<u>8,943,731</u>
	Total Assets Held for Investments			<u>\$ 1,136,861,302</u>

* Party-in-interest.

** Not required for participant-directed investments.

**EOG RESOURCES, INC.
SAVINGS AND RETIREMENT PLAN
FORM 5500 SCHEDULE H, PART IV, LINE 4a –
SCHEDULE OF DELINQUENT PARTICIPANT
CONTRIBUTIONS FOR THE YEAR ENDED
DECEMBER 31, 2021**

EIN 47-0684736 Plan No. 001

Total That Constitutes Nonexempt Prohibited Transactions				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if late participant loan repayments are included: ☒				
<u>\$ 2,675</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,675</u>

EOG Resources, Inc. Savings and Retirement Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2021

EIN: 47-0684736

Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Frost Funds	Not Available	Rate of 0.01% of average daily balance of asset(s)
Invesco	58-2287224	Rate of 0.02% of average daily balance of asset(s)
Oakmark	52-2257782	Rate of 0.03% of average daily balance of asset(s)
Victory Capital	Not Available	Rate of 0.01% of average daily balance of asset(s)

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR:

EOG Resources, Inc.

NAME OF PLAN:

EOG Resources, Inc. Savings and Retirement Plan

EIN:

47-0684736

PLAN NUMBER:

001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 6.50%)		8,943,731
	SCHWAB GOVERNMENT MONEY FD INV SHS	Money Market / Cash Equivalent		2,192
	VANGUARD TRSY MONEY MKT INVSTR	Money Market / Cash Equivalent		56,970,692
*	EOG RESOURCES INC	Employer Securities		16,430,320
	BLACKROCK EQUITY INDEX M	Common Collective Trust Fund		115,907,468
	BLACKROCK EXTENDED MKT IDX T	Common Collective Trust Fund		59,376,942
	BLACKROCK US DEBT EQUITY IDX M	Common Collective Trust Fund		11,451,553
*	SCHWAB MANAGED RET 2010 CL V	Common Collective Trust Fund		3,896,299
*	SCHWAB MANAGED RET 2015 CL V	Common Collective Trust Fund		2,304,177
*	SCHWAB MANAGED RET 2020 CL V	Common Collective Trust Fund		34,357,000
*	SCHWAB MANAGED RET 2025 CL V	Common Collective Trust Fund		13,742,390
*	SCHWAB MANAGED RET 2030 CL V	Common Collective Trust Fund		67,465,817
*	SCHWAB MANAGED RET 2035 CL V	Common Collective Trust Fund		11,499,612
*	SCHWAB MANAGED RET 2040 CL V	Common Collective Trust Fund		95,800,719
*	SCHWAB MANAGED RET 2045 CL V	Common Collective Trust Fund		20,694,921
*	SCHWAB MANAGED RET 2050 CL V	Common Collective Trust Fund		117,738,393
*	SCHWAB MANAGED RET 2055 CL V	Common Collective Trust Fund		21,844,605
*	SCHWAB MANAGED RET 2060 CL V	Common Collective Trust Fund		6,177,446
*	SCHWAB MANAGED RET 2065 CL V	Common Collective Trust Fund		949,162
*	SCHWAB MANAGED RET INCOME V	Common Collective Trust Fund		2,724,398
	T ROWE LG CAP GROWTH TRUST B	Common Collective Trust Fund		75,254,639
	AMERICAN BEACON SCAP VALUE R5	Registered Investment Company		22,325,126
	DFA GLOBAL REAL ESTATE SEC	Registered Investment Company		9,633,826
	EUROPACIFIC GROWTH R6	Registered Investment Company		50,457,025
	FROST TOTAL RETURN BOND INST	Registered Investment Company		27,785,105
	GROWTH FUND OF AMERICA R6	Registered Investment Company		82,434,219
	INVESCO COMSTOCK R5	Registered Investment Company		46,826,356
	MERIDIAN GROWTH INSTITUTIONAL	Registered Investment Company		21,783,161
	OAKMARK EQTY & INCM INVESTOR	Registered Investment Company		29,802,876
	TROWE PRICE INSTL HIGH YIELD	Registered Investment Company		15,872,448
	VANGUARD INFL PROTECTED SECSIN	Registered Investment Company		19,100,027
	VANGUARD SHORT-TERM BOND INSTL	Registered Investment Company		10,448,905
	VANGUARD TOT INTL BD IDX INSTL	Registered Investment Company		8,439,976
	VANGUARD TOTAL INTL STK INSTL	Registered Investment Company		25,270,228
	VICTORY ESTABLISHED VALUE I	Registered Investment Company		23,149,548

* Party-in-interest