

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Rec'd 07/27/2020 - NMNOCD

Form C-103

Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-45239
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 319634
7. Lease Name or Unit Agreement Name Mamba 30 State Com
8. Well Number 504H
9. OGRID Number 7377
10. Pool name or Wildcat WC-02G-07S243225C; Lwr Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3555' GR

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator EOG Resources, Inc.	
3. Address of Operator P.O. Box 2267, Midland, Texas 79702	
4. Well Location Unit Letter <u>N</u> : <u>1064</u> feet from the <u>South</u> line and <u>2407</u> feet from the <u>West</u> line Section <u>30</u> <u>24S</u> Township <u>33E</u> Range <u>NMNM</u> Lea <u>County</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3555' GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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

EOG Resources Inc, respectfully requests a one year extension to our approved APD for this well that expires on 9/28/20.

APD Expires 09/28/2021

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE STAR L HARRELL TITLE Sr Regulatory Specialist DATE 7/27/20

Type or print name Star Harrell E-mail address: star_harrell@eogresources.com PHONE: 432-848-9161

For State Use Only

APPROVED BY: Patricia Martinez TITLE LM II DATE 7/28/2020

Conditions of Approval (if any):