

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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.)		WELL API NO. 3002544959
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG RESOURCES		6. State Oil & Gas Lease No.
3. Address of Operator P O BOX 2267 MIDLAND, TX 797-2		7. Lease Name or Unit Agreement Name MAMBA 30 STATE COM
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>SOUTH</u> line and <u>1509</u> feet from the <u>EAST</u> line Section <u>30</u> Township <u>24S</u> Range <u>33E</u> NMPM County		8. Well Number 702H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3523'		9. OGRID Number 7377
		10. Pool name or Wildcat 98092-WC025G09 S2433361; Upper WC

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 checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: CSG <input checked="" type="checkbox"/>	

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

08/26/18 9-5/8", 40#, J-55 LTC (0' - 3,595')
9-5/8", 40#, HCK-55 LTC (3,595' - 4924')
Lead Cement w/ 1,060 sx Class H (12.9 ppg, 1.88 yld),
Tail 410 sx Class C (14.8 ppg, 1.37 yld)
Test casing to 2250 psi for 30 min - OK. Circ 448 sx cement to surface.
08/30/18 7-5/8", 29.7#, ECP-110, BTC SCC (0' - 1,475')
7-5/8", 29.7#, ICYP-110, FXL (1,475' - 11,798')
Cement w/ 270 sx Class A (9.0 ppg, 3.53 yld), 135 sx, (10.8 ppg, 3.59 yld) followed by 115 sx Class A (15.6 ppg, 1.22 yld)
Test casing to 2,600 psi for 30 min - OK. Circ 24 sx cement to surface.
09/07/18 Run 5-1/2", 20#, ICYP110 (0-17,336) TD 17,336', Cnt w/560 sx, (14.5 ppg, 1.256 yield)
Test to 5050 psi - good test TOC@6173' - RR

Spud Date:

07/20/18

Rig Release Date:

09/07/2018

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

SIGNATURE

TITLE Sr. Regulatory Administrator

DATE 09/13/18

Type or print name Emily Follis

E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

For State Use Only

APPROVED BY:

TITLE Staff Mgr

DATE 9-18-18

Conditions of Approval (if any):