

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

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. <b>30-025-44053</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>EOG Resources, Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name <b>Mamba 30 State Com</b>
4. Well Location Unit Letter <b>A</b> : <b>802</b> feet from the <b>North</b> line and <b>517</b> feet from the <b>East</b> line Section <b>30</b> Township <b>24S</b> Range <b>33E</b> NMPM County <b>Lea</b>		8. Well Number <b>501H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3551' GR</b>		9. OGRID Number <b>7377</b>
10. Pool name or Wildcat <b>WC-025 G-07 S243225C; LWR BS</b>		

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

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

EOG Resources requests permission to surface pool commingle production from the wells listed below and future wells within the same pools at a central tank battery. Detailed information attached.

Mamba 30 State Com 501H	30-025-44053	WC-025 G-07 S243225C; Lower Bone Spring (97964)
Mamba 30 State Com 502H	30-025-44955	WC-025 G-07 S243225C; Lower Bone Spring (97964)
Mamba 30 State Com 503H	30-025-44956	WC-025 G-07 S243225C; Lower Bone Spring (97964)
Mamba 30 State Com 702H	30-025-44959	WC-025 G-09 S243336I; Upper Wolfcamp (98092)
Mamba 30 State Com 703H	30-025-44057	WC-025 G-09 S243336I; Upper Wolfcamp (98092)
Mamba 30 State Com 704H	30-025-44957	WC-025 G-09 S243336I; Upper Wolfcamp (98092)

Spud Date:  Rig Release Date:

Recommend Approval. Subject Like Approval NMSC. ma  
 I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stan Wagner TITLE Regulatory Analyst DATE 8/24/2018  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-686-3689  
**For State Use Only**  
 APPROVED BY: Nathan Riley TITLE Director DATE 8/31/18  
 Conditions of Approval (if any): \_\_\_\_\_