

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-7440
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

HOBBBS OCD
OCT 10 2018
RECEIVED

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

| |
|---|
| WELL API NO. 3002544955 ✓ |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name MAMBA 30 STATE COM ✓ |
| 8. Well Number 502H ✓ |
| 9. OGRID Number 7377 ✓ |
| 10. Pool name or Wildcat WC025S24322SC Lower Bone Spring |

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 Gas Well Other

2. Name of Operator
EOG RESOURCES ✓

3. Address of Operator
P O BOX 2267, MIDLAND TX 79702

4. Well Location
Unit Letter **A** : **824** feet from the **NORTH** line and **493** feet from the **EAST** line
Section **30** Township **24S** Range **33E** NMPM County **LEA COUNTY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3551 GL

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 checked="" type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: DRILL 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.

08/20/18
1st Intermediate Casing @ 5,003' - 17 1/2" hole
Run: 9-5/8" 40# J-55 LTC (0' - 3,779')
Run: 9-5/8" 40# HCL-80 LTC (3,779' - 5,003')
Lead Cement w/ 1155 sx Class H (12.8 ppg, 2.32 yld), Tail w/290 sx Class (14.8 ppg, 1.42 yld)
Test casing to 1,500 psi for 30 min - OK. Circ 508 sx cement

09/23/18
Production Casing @ ~16,226' MD, 11,157' TVD - 8-3/4" hole
5-1/2" 20# ICYP-110 TXP (MJ @ 10,616')
Cement w/ 330 sx Class H (10.8 ppg, 2.78 yld), Tail w/560 sx Class H (11.5 ppg, 2.15 yld), Tail w/ 1,450 sx Class H (14.8 ppg, 1.18 yld)
Test casing to 5,000 psi for 15 min - OK. Did of circ cement, TOC @ 3,966' by Calc RR 09/30/18 Completion info to follow

Spud Date: **08/15/2018** Rig Release Date: **09/30/2018**

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

SIGNATURE *Emily Follis* TITLE Sr. Regulatory Administrator DATE 10/04/2018

Type or print name Emily Follis E-mail address: emily_follis@eogresources.com PHONE: 432-848-9163

For State Use Only
APPROVED BY: *Emily Follis* TITLE Petroleum Engineer DATE 10/11/18
Conditions of Approval (if any):