

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  
**HOBBBS**  
**FEB 8 2019**  
**RECEIVED**  
**CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<p style="text-align: center;"><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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator  <b>EOG RESOURCES</b></p> <p>3. Address of Operator  <b>P O BOX 2267, MIDLAND TX 79702</b></p> <p>4. Well Location          Unit Letter <b>N</b> : <b>1039</b> feet from the <b>South</b> line and <b>1856</b> feet from the <b>West</b> line          Section <b>30</b> Township <b>24S</b> Range <b>33E</b> NMPM County <b>LEA</b></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)  <b>3563 GL</b></p>	<p>WELL API NO.  <b>30-025-45329</b></p> <p>5. Indicate Type of Lease          STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name  <b>MAMBA 30 STATE COM</b></p> <p>8. Well Number  <b>743H</b></p> <p>9. OGRID Number  <b>7377</b></p> <p>10. Pool name or Wildcat  <b>[98092] WC-025 G-09 S2433361; UPPER WC</b></p>
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**12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data**

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>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"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/>          CASING/CEMENT JOB <input checked="" type="checkbox"/>          OTHER: <b>DRILL CSG</b> <input checked="" type="checkbox"/></p>
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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.

**02/05/19 6-3/4" HOLE**

02/05/19 Production Casing @ 18,017' MD, 12,965' TVD  
 5-1/2", 20#, ICYP-110, TXP (MJ @ 12,323')  
 Cement w/ 650 sx Class H + 2% Gel + 3% MagOx + 0.4% CPT-30 + 0.3% CD-3 + 0.2% CPT-23 (1.18 yld, 14.8 ppg)  
 Bump plug, no casing test (wet shoe). Did not circ cement to surface, TOC @ 10,528' by Calc Waiting on CBL  
 RR 02/06/19 Completion to follow

Spud Date:

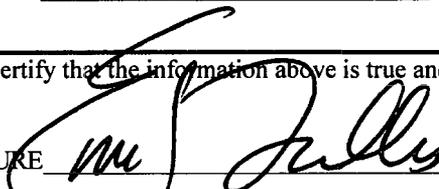
**12/28/18**

Rig Release Date:

**02/06/19**

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 **02/13/19**

Type or print name **Emily Follis**

E-mail address: **emily\_follis@eogresources.com** PHONE: **432-848-9163**

**For State Use Only**

APPROVED BY:



TITLE **Petroleum Engineer**

DATE

**02/18/19**

Conditions of Approval (if any):