

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
 Santa Fe, NM 87505

WELL API NO. 30-025-44956
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 503H
9. OGRID Number 7377
10. Pool name or Wildcat Wc-025 G-07 S243225C; Lwr Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3537 GR

HOBBS OGD
 AUG 06 2018
 RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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, Inc.

3. Address of Operator
P.O. Box 2267 Midland, TX 79702

4. Well Location
 Unit Letter O : 396 feet from the South line and 1509 feet from the East line
 Section 30 Township 24S Range 33E NMPM County Lea

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 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.

7/28/18 Spud 17-1/2" Hole
 7/30/18 Ran 13-3/8", 54.5#. J55. STC casing. set @ 800'.
 Cement lead w925 sx, 13.5 ppg, 1.76 yld
 Tail w/200 sx, 14.8 ppg, 1.36 yld
 Circulate 590 sx to surface, test casing to 1500 psi/30 min, good test.
 Release preset rig.

Spud Date:

7/28/18

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE Renee Jarratt TITLE Regulatory Assistant DATE 7/31/18

Type or print name Renee Jarratt E-mail address: _____ PHONE: 432-686-3644

For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 09/10/18

Conditions of Approval (if any):