

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

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| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | WELL API NO. 3002544959 |
| 2. Name of Operator EOG RESOURCES | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 3. Address of Operator P O BOX 2267 MIDLAND, TX 797-2 | | 6. State Oil & Gas Lease No. |
| 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 | | 7. Lease Name or Unit Agreement Name MAMBA 30 STATE COM |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3523' | | 8. Well Number 702H |
| | | 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

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| NOTICE OF INTENTION TO: 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"/> | | SUBSEQUENT REPORT OF: 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 type="checkbox"/> OTHER: CSG <input checked="" type="checkbox"/> | |
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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.

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 sk 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

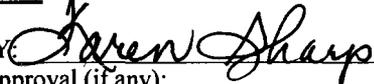
Spud Date: 07/20/18 Rig Release Date: 09/07/2018

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):