

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88241
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6171
 1000 Rio Brazos Rd., Aztec, NM 87414
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBBS OGD
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

OCT 22 2018

RECEIVED

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.)		WELL API NO. 3002544053
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 EOG RESOURCES		6. State Oil & Gas Lease No.
3. Address of Operator P O BOX 2267, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name MAMBA 30 STATE COM
4. Well Location Unit Letter A : 8032 feet from the NORTH line and 517 feet from the EAST line Section 30 Township 24S Range 33E NMPM County LEA COUNTY		8. Well Number 501H 9. OGRID Number 7377
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3551'		10. Pool name or Wildcat WC025 G07 S243225C Lower Bonespring

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

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 checked="" type="checkbox"/> OTHER: DRILL CSG <input checked="" type="checkbox"/>	
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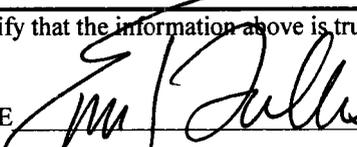
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/14/18 12-1/4" Hole
 1st Intermediate Casing @ 4,996'
 Run: 9-5/8" 40# J-55 LTC (0' - 3,827")
 Run: 9-5/8" 40# HCL-80 LTC (3,827' - 4,996')
 Lead Cement w/ 1155 sx Class H (12.8 ppg, 2.32 yld), Tail w/290 sx Class H (14.8 ppg, 1.42 yld)
 Test casing to 2,700 psi for 15 min - Good Circ 399 sx cement to surface
 09/09/18 8-3/4"
 Production Casing @ ~16,027' MD, 11,177' TVD
 Run: 5-1/2" 20# ICYP-110 BTC (MJ @ 10,485')
 Lead Cement w/ 340 sx Class H (10.8 ppg, 2.78 yld), follow w/540 sx Class H (11.5 pg, 2.16 yld), Tail w/1,465 sx Class H (14.8 ppg)
 Test casing to 5,000 psi for 15 min - OK. TOC @ 3,966' by Est Completion sundry to follow

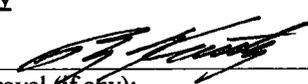
Spud Date: **08/09/18**

Rig Release Date: **09/09/18**

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 **10/17/18**

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

APPROVED BY:  TITLE _____ DATE **10/20/18**

Conditions of Approval (if any):