

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

|   |       |
|---|-------|
| WELL API NO.<br>30-025-45321  |       |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |       |
| 6. State Oil & Gas Lease No.  |       |
| 7. Lease Name or Unit Agreement Name<br>MAMBA 30 STATE COM  |       |
| 8. Well Number  | #709H |
| 9. OGRID Number   | 7377  |
| 10. Pool name or Wildcat<br>[98092] WC-025 G-09 S2433361; UPPER WOLFCAMP                            |       |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>GL 3555'                                      |       |

SUNDRY NOTICES AND REPORTS ON (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 **M** : **711** feet from the **SOUTH** line and **541** feet from the **WEST** line  
 Section **30** Township **24S** Range **33E** NMPM County **LEA**

HOBBS OCD  
 JAN 21 2019  
 RECEIVED

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.

01/08/19 12-1/4" hole  
 Surface Casing @ 1,241'  
 Run 9-5/8" 40# J-55 LTC  
 Lead Cement w/ 620 sx Class C (1.76 yld, 9.38 ppg), followed by 90 sx Class C (1.36 yld, 14.8 ppg)  
 Test casing to 1,500 psi for 30 min - Good Circ 351 sx cement to surface Resume Drilling 8-3/4" Hole

Spud Date:

01/08/19

Rig Release Date:

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 01/21/19

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

01/25/19

Conditions of Approval (if any):