

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

HOBBBS CO
OIL CONSERVATION DIVISION
FEB 18 2019
RECEIVED
1220 South St. Francis Dr.
Santa Fe, NM 87505

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. 30-025-45321
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 79702		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>M</u> : <u>711</u> feet from the <u>SOUTH</u> line and <u>541</u> feet from the <u>WEST</u> line Section <u>30</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA</u>		7. Lease Name or Unit Agreement Name MAMBA 30 STATE COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3555'		8. Well Number #709H 9. OGRID Number 7377 10. Pool name or Wildcat <small>[98092] WC-025 G-09 S2433361; UPPER WOLFCAMP</small>

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.

01/25/19 8-3/4" HOLE
01/25/19 Intermediate Casing @ 11,856'
Ran 7-5/8", 29.7#, HCP-110 BTC SCC (0' - 906')
Ran 7-5/8", 29.7#, ICYP-110 MO-FXL (906' - 11,856')
Stage 1: Lead Cement w/ 565 sx Class C (1.11 yld, 14.2 ppg)
Test casing to 2,500 psi for 30 min - OK. Did not circ cement to surface, TOC @ 7,000' by Est
Stage 2: Bradenhead squeeze w/ 1,000 sx Class C (1.49 yld, 14.8 ppg)
Stage 3: Top out w/ 984 sx Class C (1.37 yld, 14.8 ppg) TOC @ Surface Resume Drilling 6-3/4" 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 [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: [Signature] TITLE Petroleum Engineer DATE 02/15/19
Conditions of Approval (if any):