

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  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

**HOBBBS OGD**  
**MAR 21 2019**  
**RECEIVED**

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-45240
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 <u>M</u> <u>454</u> feet from the <u>SOUTH</u> line and <u>1334</u> feet from the <u>WEST</u> line Section <u>30</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>LEA CO</u>		8. Well Number 505H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3553 GL		9. OGRID Number 7377
10. Pool name or Wildcat WC025 G07 S243225C		10. Pool name or Wildcat WC025 G07 S243225C

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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.

03/12/19 6-3/4" hole

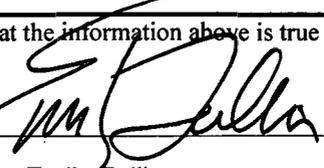
03/12/19

Production Casing @ 15,955' MD, 11,089' TVD  
 Run 5-1/2", 20#, ICYP110, Geoconn (MJ @ 10,273')  
 Lead Cement w/ 390 sx Class C (2.78 yld, 10.8 ppg), Tail w/550 sx (2.15 yld, 11.5 ppg), followed w/1,505 sx Class H (1.18 yld, 14.8 ppg)  
 Did not circ cement to surface, TOC @ 2,870' by CBL RR 03/14/19 Completion to follow

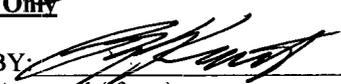
Spud Date: 02/05/19

Rig Release Date: 03/14/19

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 03/18/19

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 03/18/19

Conditions of Approval (if any):

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