

Submit To Appropriate District Office Two Copies <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 811 S. First St., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 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 <div style="border: 2px solid blue; padding: 2px; display: inline-block; transform: rotate(-2deg);"> HOBBES OCD JAN 14 2016 RECEIVED </div>			Form C-105 Revised August 1, 2011					
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
1. WELL API NO. 30-025-42658										
2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN										
3. State Oil & Gas Lease No.										
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)			5. Lease Name or Unit Agreement Name Dragon 36 State							
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER			6. Well Number: 705H							
8. Name of Operator EOG Resources, Inc.			9. OGRID 7377							
10. Address of Operator P.O. Box 2267 Midland, TX 79702			11. Pool name or Wildcat WC-025 G-09 S243336I; Upper WC							
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	36	24S	33E		220	South	513	West	Lea
BH:	D	36	24S	33E		238	North	891	West	Lea
13. Date Spudded 8/7/15	14. Date T.D. Reached 8/30/15	15. Date Rig Released 9/2/15		16. Date Completed (Ready to Produce) 12/4/15		17. Elevations (DF and RKB, RT, GR, etc.) 3492' GR				
18. Total Measured Depth of Well 17367' MD, 12495' TVD		19. Plug Back Measured Depth 17261'		20. Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run GR				
22. Producing Interval(s), of this completion - Top, Bottom, Name 12827 - 17261' Wolfcamp										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
10-3/4		40.5		1251		14-3/4		805 C		
7-5/8		29.7		10566		9-7/8		1st stg: 495 C		DV tool @ 5122'
								2nd stg: 725 C		
5-1/2 & 5		23 & 23.2		17367		6-3/4		650 H		
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD					
					SIZE	DEPTH SET	PACKER SET			
26. Perforation record (interval, size, and number) 12827 - 17261', 0.35", 1458 holes					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
					DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
					12827 - 17261'		780 bbls acid, 8721820 lbs proppant,			
							259987 bbls load water			
28. PRODUCTION										
Date First Production 12/4/15		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) Flowing				Well Status (<i>Prod. or Shut-in</i>) Producing				
Date of Test 1/3/16	Hours Tested 24	Choke Size 64/64	Prod'n For Test Period	Oil - Bbl 1027	Gas - MCF 1944	Water - Bbl. 1511	Gas - Oil Ratio 1893			
Flow Tubing Press.	Casing Pressure 636	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>) 47.2				
29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) Sold							30. Test Witnessed By			
31. List Attachments C-102, C-103, C-104, directional survey										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude _____ Longitude _____ NAD 1927 1983										
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature			Printed Name Stan Wagner		Title Regulatory Specialist		Date 01/11/16			
E-mail Address _____										

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INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

OIL OR GAS SANDS OR ZONES

No. 3, from.....to.....
No. 4, from.....to.....

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology