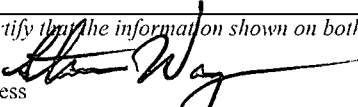


Submit to Appropriate District Office Five Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		<b>NM OIL CONSERVATION</b> State of New Mexico Technology, Minerals and Natural Resources <b>OIL CONSERVATION DIVISION</b> 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-105 Revised August 1, 2011						
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; transform: rotate(-45deg); font-weight: bold; color: red;">CONFIDENTIAL</div> <div style="position: absolute; top: 0; right: 0; transform: rotate(45deg); font-weight: bold; color: red;">CONFIDENTIAL</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold; color: red;">RECEIVED</div> <div style="position: absolute; top: 10%; left: 10%; font-weight: bold; color: red;">OCT 09 2014</div> <div style="position: absolute; top: 10%; right: 10%; font-weight: bold; color: red;">OCT 24 2014</div> </div>		1. WELL API NO. <b>30-025-41815</b>								
		2. Type Of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN								
		3. State Oil & Gas Lease No.								
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for state and Fee wells only) <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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 <b>Ophelia 27</b>						
				6. Well Number <b>602H</b>						
9. 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										
8. Name of Operator <b>EOG Resources, Inc.</b>				9. OGRID Number <b>7377</b>						
10. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>				11. Pool name or Wildcat <b>Bradley; Bone Spring</b>						
12. Location	Unit Letter	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	H	27	26S	33E		2420	North	917	East	Lea
BH:	I	22	26S	33E		2408	South	138	East	Lea
13. Date Spudded <b>5/6/14</b>		14. Date T.D. Reached <b>6/4/14</b>		15. Date Rig Released <b>6/4/14</b>		16. Date Completed (Ready to Produce) <b>7/16/14</b>		17. Elevations (DF & RKB, RT, GR, etc.) <b>3293' GR</b>		
18. Total Measured Depth of Well <b>16887' MD, 12187' TVD</b>			19. Plug Back Measured Depth <b>16707'</b>		20. Was Directional Survey Made <b>Yes</b>		21. Type Electric and Other Logs Run <b>GR</b>			
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>12391 - 16675', Bone Spring</b>										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
13-3/8		54.5		919		17-1/2		700 C		
9-5/8		40		8590		12-1/4		800 H, 925 C		
5-1/2		17		16707		8-3/4		1680 H		
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT		SCREEN		25. TUBING RECORD			
							SIZE	DEPTH SET	PACKER SET	
							2-7/8	12184	11765	
26. Perforation record (interval, size, and number)										
<b>12391 - 16675', 0.35", 720 holes</b>										
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.										
DEPTH INTERVAL						AMOUNT AND KIND MATERIAL USED				
12391 - 16675'						1860 bbls acid,				
						6918638 lbs proppant,				
						163949 bbls load water				
28. PRODUCTION										
Date First Production <b>7/16/14</b>		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>Flowing</b>					Well Status (Prod. or Shut-in) <b>Producing</b>			
Date of Test <b>8/26/14</b>	Hours Tested <b>24</b>	Choke Size <b>42/64</b>	Prod'n For Test Period	Oil - Bbl. <b>873</b>	Gas - MCF <b>1067</b>	Water - Bbl. <b>1987</b>	Gas - Oil Ratio <b>1222</b>			
Flow Tubing Press. <b>0</b>	Casing Pressure <b>500</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API -(Corr.) <b>42.0</b>				
29. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>Sold</b>							30. Test Witnessed By			
31. List Attachments <b>C-102, C-103, C-104, directional survey</b>										
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 <b>Stan Wagner</b>		Title <b>Regulatory Analyst</b>		Date <b>9/16/14</b>			
E-mail address										

NOV 01 2014