

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

SEP 08 2015

Submit one copy to appropriate District Office

RECEIVED

☐ AMENDED REPORT

Form C-104

Revised August 1, 2011

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address EOG Resources, Inc. P.O. Box 2267 Midland, TX 79702		² OGRID Number 7377
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 0 25-42410	⁵ Pool Name Red Hills; Upper Bone Spring Shale	⁶ Pool Code 97900
⁷ Property Code 314178	⁸ Property Name Hawk 35 Fed	⁹ Well Number 7H

II. ¹⁰ Surface Location

UL or lot no. B	Section 35	Township 24-S	Range 33-E	Lot Idn	Feet from the 500'	North/South Line North	Feet from the 2007'	East/West line East	County Lea
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¹¹ Bottom Hole Location

UL or lot no. B	Section 26	Township 24-S	Range 33-E	Lot Idn	Feet from the 230' 229	North/South line North	Feet from the 1882' 1886	East/West line East	County Lea
¹² Lse Code State	¹³ Producing Method Code Flowing	¹⁴ Gas Connection Date 7/20/15	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
7377	EOG Resources, Inc.	Oil
4323	Chevron	Oil
7377	EOG Resources, Inc.	Gas

IV. Well Completion Data

²¹ Spud Date 03/23/11 11/16	²² Ready Date 07/20/15	²³ TD 14737M-9440V	²⁴ PBTD 14628	²⁵ Perforations 9759-14628	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2	13-3/8	1329	900 C		
12-1/4	9-5/8	5119	1300 C		
8-3/4	5-1/2	14737	1865 H		

V. Well Test Data

³¹ Date New Oil 07/20/15	³² Gas Delivery Date 07/20/15	³³ Test Date 08/31/15	³⁴ Test Length 24	³⁵ Tbg. Pressure 724	³⁶ Csg. Pressure 1134
³⁷ Choke Size 40/64	³⁸ Oil 1535	³⁹ Water 1635	⁴⁰ Gas 1107	⁴¹ Test Method Flowing	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:
Renee' Jarratt

Title:
Regulatory Analyst

E-mail Address:

Date:

Phone:
432-686-3684

OIL CONSERVATION DIVISION

Approved by:

Title: Petroleum Engineer

Approval Date:

Cancel Well _____ Create Pool _____

E-PERMITTING - - New Well _____

Comp PM P&A _____ TA _____

CSNG PM Loc Chng _____

ReComm _____ Add New Well _____

SEP 15 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OGD

SEP 08 2015

RECEIVED

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		35. Lease Serial No. NMNM19858
2. Name of Operator EOG RESOURCES, INC.		6. If Indian, Allottee or Tribe Name
Contact: STAN WAGNER E-Mail: stan_wagner@eogresources.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 2267 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-686-3689	8. Well Name and No. HAWK 35 FED 7H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R33E NWNE 500FNL 2007FEL		9. API Well No. 30-025-42410
		10. Field and Pool, or Exploratory RED HILLS; UPPER BS SHALE
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

3/23/15 Spud 17-1/2" hole.
Ran 31 jts 13-3/8", 68#, J55 STC casing set at 1329'.
3/24/15 Cemented lead w/ 600 sx Class C, 13.5 ppg, 1.76 CFS yield;
tail w/ 300 sx Class C, 14.8 ppg, 1.38 CFS yield.
Circulated 90 bbls cement to surface. WOC 23 hrs.
Tested casing to 1500 psi for 30 minutes. Test good.
3/25/15 Resumed drilling 12-1/4" hole.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #296321 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 03/26/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

HOBBBS OCT

SEP 08 2015

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM19858
2. Name of Operator EOG RESOURCES, INC.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 2267 MIDLAND, TX 79702		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-686-3689		8. Well Name and No. HAWK 35 FED 7H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R33E NWNE 500FNL 2007FEL		9. API Well No. 30-025-42410
		10. Field and Pool, or Exploratory RED HILLS; UPPER BS SHALE
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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3/27/15 Ran 116 jts 9-5/8", 40#, (26) HCL80 LTC & (90) J55 LTC casing set at 5119'.
Cemented lead w/ 1000 sx Class C, 12.7 ppg, 2.3 CFS yield; tail w/ 300 sx Class C, 14.8 ppg, 1.33 CFS yield.
Circulated 62 sx cement to surface. WOC 25 hrs.
3/28/15 Tested casing to 1500 psi for 30 minutes. Test good.
Resumed drilling 8-3/4" hole.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #296700 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 03/30/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBBS OCT.

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SEP 08 2015

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

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1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM19858
2. Name of Operator EOG RESOURCES, INC.		6. If Indian, Allottee or Tribe Name
Contact: STAN WAGNER E-Mail: stan_wagner@eogresources.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P.O. BOX 2267 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-686-3689	8. Well Name and No. HAWK 35 FED 7H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R33E NWNE 500FNL 2007FEL		9. API Well No. 30-025-42410
		10. Field and Pool, or Exploratory RED HILLS; UPPER BS SHALE
		11. County or Parish, and State LEA COUNTY, NM

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TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

4/4/15 TD at 14737' MD.
4/5/15 Ran 334 jts 5-1/2", 17#, HCP110 LTC casing set at 14737'.
Cement lead w/ 530 sx 60:40 Class C, 11.0 ppg, 3.93 CFS yield;
tail w/ 1355 sx 65:35 Class H, 14.4 ppg, 1.38 CFS yield.
Estimated TOC is 2600'.
4/6/15 Released rig.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #297457 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 04/07/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

HOBBS OCL

SEP 08 2015

Form 3160-5
(June 2015)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. NMNM 19858

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator EOG Resources, Inc.

3a. Address P. O. Box 2267
Midland, TX 797023b. Phone No. (include area code)
(432) 686-36844. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 35, T24S R33E NWNE (B), 500 FNL & 2007 FEL

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. Hawk 35 Fed 7H

9. API Well No. 30-025-42410

10. Field and Pool or Exploratory Area
Red Hills; Upper BS Shale11. Country or Parish, State
Lea, NM**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION				
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off	
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon		
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal		

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04/29/15 - Prep well for completion & frac. Ran CBL, calculated TOC 2600'.

06/16/15 - Begin 26 stage completion.

06/23/15 - Finish 26 stage completion & frac. Perf from 9755-14626', 0.35", 1155 holes.

Frac w/ 38 bbls acid, 7,291,620 total proppant, 163,613 bbls load water.

06/27/15 - RIH to drill out plugs & clean out.

06/29/15 - Finish drill & clean out.

07/02/15 - RIH w/ 2-7/8" tubing, 5-1/2" packer & GL assembly. Set pkr @ 9030', EOT @ 9060'. SI

07/15/15 - Open well to flowback.

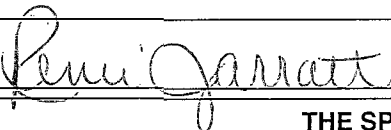
07/20/15 - First sales - Well on Production.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Renee' Jarratt

Title Regulatory Analyst

Signature



Date

09/02/2015

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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Office

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