

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

AUG 11 2015

RECEIVED

Form C-104  
Revised August 1, 2011

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address EOG Resources, Inc. P.O. Box 2267 Midland, TX 79702		<sup>2</sup> OGRID Number 7377
		<sup>3</sup> Reason for Filing Code/ Effective Date NW 07/2015
<sup>4</sup> API Number 30 - 0 25-42413	<sup>5</sup> Pool Name Red Hills; Upper Bone Spring Shale	<sup>6</sup> Pool Code 97900
<sup>7</sup> Property Code 314178	<sup>8</sup> Property Name Hawk 35 Fed	<sup>9</sup> Well Number 10H

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	35	24S	33E		500	North	693	East	Lea

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	26	24S	33E		227	North	372	East	Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code Flowing	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

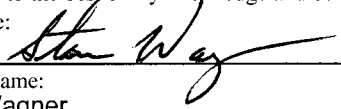

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
7377	EOG Resources, Inc.	Oil
4323	Chevron USA, Inc.	Oil
7377	EOG Resources, Inc.	Gas



IV. Well Completion Data

<sup>21</sup> Spud Date 4/4/2015	<sup>22</sup> Ready Date 7/19/15	<sup>23</sup> TD 14721M - 9434V	<sup>24</sup> PBTD 14590	<sup>25</sup> Perforations 9758 - 14590'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17-1/2	13-3/8	1335	775 C		
12-1/4	9-5/8	5142	1075 C		
8-3/4	5-1/2	14721	630 C, 1355 H		

V. Well Test Data

<sup>31</sup> Date New Oil 7/19/15	<sup>32</sup> Gas Delivery Date 7/19/15	<sup>33</sup> Test Date 8/2/15	<sup>34</sup> Test Length 24	<sup>35</sup> Tbg. Pressure 645	<sup>36</sup> Csg. Pressure 0
<sup>37</sup> Choke Size Open	<sup>38</sup> Oil 1258	<sup>39</sup> Water 1638	<sup>40</sup> Gas 2389	<sup>41</sup> Test Method Flowing	

<sup>42</sup> 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: 	OIL CONSERVATION DIVISION Approved by:  Title: Petroleum Engineer Approval Date: 09/14/15
Printed name: Stan Wagner	
Title: Regulatory Specialist	
E-mail Address:	
Date: 8/18/15	Phone: 432-686-3689

recomp \_\_\_\_\_ Add new well \_\_\_\_\_  
Cancel Well \_\_\_\_\_ Create Pool \_\_\_\_\_  
E-PERMITTING -- New Well \_\_\_\_\_  
Comp  P&A \_\_\_\_\_ TA \_\_\_\_\_  
CSNG  Loc Chng \_\_\_\_\_  
ReComp \_\_\_\_\_

SEP 15 2015

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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		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 10H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R33E NENE 500FNL 693FEL		9. API Well No. 30-025-42413
		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 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 recompleat 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/BLA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat 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 Spud 17-1/2" hole.  
Ran 30 jts 13-3/8", 68#, J55 STC casing set at 1335'.  
Cemented lead w/ 475 sx Class C, 14.8 ppg, 1.75 CFS yield;  
tail w/ 300 sx Class C, 14.8 ppg, 1.37 CFS yield.  
Circulated 176 sx cement to surface. WOC 24 hrs.  
4/5/15 Tested casing to 1500 psi for 30 minutes. Test good.  
Resumed drilling 12-1/4" hole.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #297358 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs</b>	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 04/06/2015

**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.		<b>Accepted for Record Only</b>
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

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.*

5. Lease Serial No.  
NMNM19858

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

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

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.  
HAWK 35 FED 10H

2. Name of Operator  
EOG RESOURCES, INC. Contact: STAN WAGNER  
E-Mail: stan\_wagner@eogresources.com

9. API Well No.  
30-025-42413

3a. Address  
P.O. BOX 2267  
MIDLAND, TX 79702

3b. Phone No. (include area code)  
Ph: 432-686-3689

10. Field and Pool, or Exploratory  
RED HILLS; UPPER BS SHALE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 35 T24S R33E NENE 500FNL 693FEL

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 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.)

4/7/15 Ran 143 jts 9-5/8", 40#, (30) HCK55 & (114) J55 LTC casing set at 5142'.  
Cemented lead w/ 875 sx Class C, 12.7 ppg, 2.23 CFS yield;  
tail w/ 200 sx Class, 14.8 ppg, 1.33 CFS yield.  
Circulated 227 sx cement to surface. WOC 21 hrs.  
4/8/15 Tested casing to 1500 psi for 30 minutes. Tests good.  
Resumed drilling 8-3/4" hole.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #297706 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 04/09/2015

**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

**SUNDRY NOTICES AND REPORTS ON WELLS**  
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FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

<b>SUBMIT IN TRIPLICATE - Other instructions on reverse side.</b>		5. Lease Serial No. NMNM19858
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. HAWK 35 FED 10H	
2. Name of Operator EOG RESOURCES, INC.	Contact: STAN WAGNER E-Mail: stan_wagner@eogresources.com	9. API Well No. 30-025-42413
3a. Address P.O. BOX 2267 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-686-3689	10. Field and Pool, or Exploratory RED HILLS; UPPER BS SHALE
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R33E NENE 500FNL 693FEL		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	

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4/13/15 TD at 14721' MD.  
4/14/15 Ran 335 jts 5-1/2", 17#, HCP110 LTC casing set at 14721'.  
4/15/15 Cement lead w/ 630 sx 60:60:8 Class C, 11.0 ppg, 3.61 CFS yield;  
tail w/ 1355 sx 50:50:10 Class H, 14.4 ppg, 1.38 CFS yield.  
4/16/15 Released rig.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #298471 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs</b>	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 04/16/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

AUG 21 2015

FORM APPROVED  
OMB No. 1004-0137  
Expires: October 31, 2014

**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.  
NMNM19858

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 79702

3b. Phone No. (include area code)

432-686-3689

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

8. Well Name and No.  
Hawk 35 Fed 10H

9. API Well No.  
30-025-42413

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

500' FNL & 693' FEL, NENE (A), Sec 35, T24S, R33E

10. Field and Pool or Exploratory Area  
Red Hills; Upper Bone Spring Shale

11. County 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"/> 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 <u>Completion</u>
	<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	

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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

4/26/15 Prep well for completion. Ran CBL; 5-1/2" casing TOC at 4740'.

6/01/15 Pre-test casing to 7980 psi. Test good.

6/09/15 begin 26 stage completion and frac.

6/20/15 Finish 26 stage completion. Perforated from 9758 to 14590', 0.41", 1145 holes.  
Frac w/ 756 bbls acid, 7364510 lbs proppant, 181966 bbls load water.

6/24/15 RIH w/ CT to drill out plugs and clean out well.

6/25/15 Finish drill and clean out.

6/29/15 RIH w/ 2-7/8" production tubing, packer, and gas lift assembly. Packer set at 9009'. EOT at 9036'. Shut-in.

7/14/15 Open to flowback.

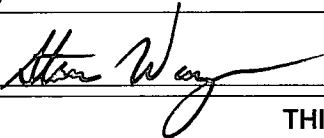
7/19/15 First sales; well on production.

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

Stan Wagner

Title Regulatory Specialist

Signature



Date 08/17/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

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(Instructions on page 2)

Approved for Record Only

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

AUG 21 2015

FORM APPROVED  
OMB NO. 1004-0137  
Expires: October 31, 2014

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG RECEIVED

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NMNM19858							
b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other: _____		6. If Indian, Allottee or Tribe Name							
2. Name of Operator EOG Resources, Inc.		7. Unit or CA Agreement Name and No.							
3. Address P.O. Box 2267 Midland, TX 79702		8. Lease Name and Well No. Hawk 35 Fed 10H							
3a. Phone No. (include area code) 432-686-3689		9. API Well No. 30-025-42413							
4. Location of Well (Report location clearly and in accordance with Federal requirements)* 500' FNL & 693' FEL, NENE (A) Sec 35-24S-33E At surface  At top prod. interval reported below  At total depth 227' FNL & 372' FEL, NENE (A) Sec 26-24S-33E		10. Field and Pool or Exploratory Red Hills; Upper Bone Spring Shale							
14. Date Spudded 04/04/2015		11. Sec., T., R., M., on Block and Survey or Area Sec 35, T24S, R33E							
15. Date T.D. Reached 04/13/2015		12. County or Parish Lea							
16. Date Completed 07/19/2015 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		13. State NM							
17. Elevations (DF, RKB, RT, GL)* 3527' GL									
18. Total Depth: MD 14721 TVD 9434		19. Plug Back T.D.: MD 14590 TVD							
20. Depth Bridge Plug Set: MD TVD									
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)							
23. Casing and Liner Record (Report all strings set in well)									
Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17-1/2	13-3/8	68	0	1335		775 C		surface	
12-1/4	9-5/8	40	0	5142		1075 C		surface	
8-3/4	5-1/2	20	0	14721		630 C, 1355 H		4740' CBL	
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
2-7/8	9036	9009							
25. Producing Intervals									
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status			
A) Bone Spring Shale	9287		9758 - 14590	0.41	1145	Producing			
B)									
C)									
D)									
26. Perforation Record									
27. Acid, Fracture, Treatment, Cement Squeeze, etc.									
Depth Interval	Amount and Type of Material								
9758 - 14590	756 bbls acid, 7364520 bbls proppant, 181966 bbls load water.								
28. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
7/19/15	8/2/15	24	→	1258	2389	1638	45.0		Flowing
Choke Size	Tbg. Press. Flwg. Press.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
Open	SI 645 tbg	0	→				1899	POW	
28a. Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. Press.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
	SI		→						

\*(See instructions and spaces for additional data on page 2)

Accepted for Record Only

## 28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

## 28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

## 29. Disposition of Gas (Solid, used for fuel, vented, etc.)

Sold

## 30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

## 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
Rustler Salado	1199 1735	5009	Anhydrite Top Salt	Rustler Delaware	1199 5260
Base of Salt Lamar	5260		Limestone	Bell Canyon Cherry Canyon	5290 6279
Bell Canyon Cherry Canyon	5290 6279		Sandstone Sandstone	Brushy Canyon Bone Spring Shale	7720 9287
Brushy Canyon	7720		Sandstone		
Bone Spring Lime Bone Spring Shale	9247 9287		Limestone Shale		

## 32. Additional remarks (include plugging procedure):

## 33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☒ Electrical/Mechanical Logs (1 full set req'd.)     
 ☐ Geologic Report     
 ☐ DST Report     
 ☒ Directional Survey  
☐ Sundry Notice for plugging and cement verification     
 ☐ Core Analysis     
 ☐ Other:

## 34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Name (please print) Stan WagnerTitle Regulatory SpecialistSignature Date 08/18/2015

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.