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Submit one copy to appropriate District Office

☐ AMENDED REPORT**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

¹ Operator name and Address EOG RESOURCES INC PO BOX 2267 MIDLAND, TX 79702		² OGRID Number 7377
		³ Reason for Filing Code/ Effective Date 01/22/2020
⁴ API Number 30 - 025-46296	⁵ Pool Name WC025 G09 S253309P; UPPER WOLFCAMP	
	⁶ Pool Code 98180	<i>KM</i>
⁷ Property Code 325949	⁹ Well Number 710H	
⁸ VALIANT 24 FEDERAL COM		

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/SouthLine	Feet from the	East/West line	County
I	24	25S	32E		1833	SOUTH	456	EAST	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/Southline	Feet from the	East/West line	County
P	25	25S	32E		109	SOUTH	320	EAST	LEA
¹² Lse Code S	¹³ Producing Method Code FLOWING		¹⁴ Gas Connection Date		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
372812	EOGRM	OIL
151618	ENTERPRISE FIELD SERVICES	GAS
298751	REGENCY FIELD SERVICES, LLC	GAS
36785	DCP MIDSTREAM	GAS

IV. Well Completion Data

²¹ Spud Date 09/04/2019	²² Ready Date 01/22/2020	²³ TD 19,930'	²⁴ PBD 19,894'	²⁵ Perforations 12,588 - 19,894'	²⁶ DHC, MC
²⁷ Hole Size		²⁸ Casing & Tubing Size	²⁹ Depth Set		³⁰ Sacks Cement
12 1/4"		9 5/8"	1020'		1011 SXS CL C/CIRC
8 3/4"		7 5/8"	11,595'		1499 SXS CL C&H/CIRC
6 3/4"		5 1/2"	19,930'		720 SXS CL H/5090' CBL

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	
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: <i>Kay Maddox</i>			OIL CONSERVATION DIVISION Approved by: <i>P. M...</i>		
Printed name: Kay Maddox Title: Senior Regulatory Specialist			Title: <i>L.M.</i> Approval Date: <i>2/10/2020</i>		
E-mail Address: Kay_Maddox@eogresources.com Date: 01/31/2020			Phone: 432-686-3658 Test Allowable Expires <i>4/22/2020</i>		

HOBBS OCD

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FEB 04 2020

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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Lease Serial No.
NMNM15317

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
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 _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator EOG RESOURCES, INC			8. Lease Name and Well No. VALIANT 24 FEDERAL COM 710H		
3. Address PO BOX 2267 MIDLAND, TX 79702			9. API Well No. 30-025-46296		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 24 T25S R32E Mer NMP At surface NESE 1833FSL 456FEL 32.113857 N Lat, 103.621376 W Lon Sec 24 T25S R32E Mer NMP At top prod interval reported below NESE 2185FSL 340FEL 32.114772 N Lat, 103.621004 W Lon Sec 25 T25S R32E Mer NMP At total depth SESE 109FSL 320FEL 32.094608 N Lat, 103.620952 W Lon			10. Field and Pool, or Exploratory WC025 G09 S253309P;UPR WC		
14. Date Spudded 09/04/2019			15. Date T.D. Reached 10/02/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 01/22/2020			17. Elevations (DF, KB, RT, GL)* 3462 GL		
18. Total Depth: MD TVD 19930 12313		19. Plug Back T.D.: MD TVD 19894 12313		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)			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 analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)		

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
12.250	9.625 J55	40.0		1020		1011		0	
8.750	7.625 HCP110	29.7		11595		1499		0	
6.750	5.500 ICYP110	20.0		19930		720		5090	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12588	19894	12588 TO 19894	3.250	1440	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
12588 TO 19894	18,464,912 LBS PROPPANT;240,761 BBLs LOAD FLUID

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
01/22/2020	01/27/2020	24	→	2900.0	6252.0	9852.0	42.0		FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
64	SI	2000.0	→				2156	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. SI	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 reverse side)

ELECTRONIC SUBMISSION #501501 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

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 (Sold, 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	868		BARREN	RUSTLER	868
T/SALT	1190		BARREN	T/SALT	1190
B/SALT	4615		OIL & GAS	B/SALT	4615
BRUSHY CANYON	7732		OIL & GAS	BRUSHY CANYON	7732
1ST BONE SPRING SAND	10527		OIL & GAS	1ST BONE SPRING SAND	10527
2ND BONE SPRING SAND	11014		OIL & GAS	2ND BONE SPRING SAND	11014
3RD BONE SPRING SAND	11729		OIL & GAS	3RD BONE SPRING SAND	11729
WOLFCAMP	12179		OIL & GAS	WOLFCAMP	12179

32. Additional remarks (include plugging procedure):
PLEASE REFERENCE ATTACHMENTS

33. Circle enclosed attachments:

- | | | | |
|-------------------------------------------------------|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7. Other: | |

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

Electronic Submission #501501 Verified by the BLM Well Information System.
For EOG RESOURCES, INC, sent to the Hobbs

Name (please print) KAY MADDOX

Title REGULATORY SPECIALIST

Signature _____ (Electronic Submission)

Date 01/30/2020

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.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FEB 04 2020

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 proposal.*

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SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM15317
2. Name of Operator EOG RESOURCES, INC Contact: KAY MADDOX E-Mail: kay_maddox@eogresources.com		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 2267 ATTENTION; KAY MADDOX MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-686-3658	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T25S R32E Mer NMP NESE 1833FSL 456FEL 32.113857 N Lat, 103.621376 W Lon		8. Well Name and No. VALIANT 24 FEDERAL COM 710H
		9. API Well No. 30-025-46296
		10. Field and Pool or Exploratory Area WC025 G09 S253309P;UPR WC
		11. County or Parish, State LEA COUNTY, 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	Production Start-up
	<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.

10/03/2019 RIG RELEASED
10/21/2019 MIRU PREP TO FRAC, TEST VOID 5000 PSI,SEALS & FLANGES TO 8500 PSI
12/20/2019 BEGIN PERF & FRAC
01/05/2020 FINISH 24 STAGES PERF & FRAC 12,588 - 19,894', 1440 3 1/8" SHOTS FRAC 18,464,912 LBS
PROPPANT, 240,761 BBLs LOAD FLUID
01/08/2020 DRILLED OUT PLUGS AND CLEAN OUT WELLBORE
01/22/2020 OPENED WELL TO FLOWBACK - DATE OF FIRST PRODUCTION

WILL RUN TBG AND GAS LIFT VALVES WITHIN 3-6 MONTHS, WILL SUBMIT SUNDRY AT THAT TIME LISTING TBG DEPTH.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #501463 verified by the BLM Well Information System For EOG RESOURCES, INC, sent to the Hobbs	
Name (Printed/Typed) KAY MADDOX	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 01/30/2020

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.

(Instructions on page 2)

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