

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires March 31, 2007

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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. NNM021096			
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, Texas 79702				3a. Phone No. (include area code) 432 686 3689		8. Lease Name and Well No. Sand 12 Federal 1			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 1700' FNL & 330' FEL U/L H At top prod. interval reported below At total depth						9. API Well No. 30-015-33488			
14. Date Spudded 8/5/04 15. Date T.D. Reached 8/22/04 16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 10/23/04						10. Field and Pool, or Exploratory Wildcat, Bone Spring			
						11. Sec., T., R., M., or Block and Survey or Area Sec 12, T18S, R30E			
18. Total Depth: MD 8500 TVD						19. Plug Back T.D.: MD 8500 TVD		20. Depth Bridge Plug Set: MD 7888 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 report) Directional Survey? <input checked="" type="checkbox"/> No <input 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 Cement Depth	No.of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
14 3/4	11 3/4	42		569		400 POZ C		Surface	
11	8 5/8	32		2526		785 POZ C		Surface	
7 7/8	5 1/2	17		8500		790 Lt.crete		Surface	
						265 PVL			
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	7426	7426							
25. Producing Intervals					26. Perforation Record				
Formation		Top	Bottom	Perforated Interval		Size	No. Holes	Perf. Status	
A) 2nd Bone Spring		7534		7542 - 7548			14	Producing	
B)									
C)				8206 - 8236			31	Abandoned w/ CTBP	
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.									
Depth Interval			Amount and Type of Material						
7542 - 7548			Acidized w/ 3000 gals 15% HCL Antisludge acid.						
8206 - 8236			Acidized w/ 2500 gals 15% HCL NEFE acid.						
			Frac w/ 42000 gal Spectra Frac G2500; 141000 # 20/40 sand.						
28. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
9/19/04	10/30/04	24	→	8	0	20	36.0		Pumping 2 1/2 X 1 3/4 X 26
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	
								POW	
28a. Production-Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

28b. Production - Interval C

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

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

No gas

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
				1st Bone Spring	5358
				1st Bone Spring Sand	7187
				2nd Bone Spring	7534
				2nd Bone Spring Sand	7715
				3rd Bone Spring	8392

32. Additional remarks (include plugging procedure):

A horizontal lateral is scheduled to be added to this well.

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 Analyst

Signature

Stan WagnerDate 2/4/05

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.

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

State of New Mexico
Energy, Minerals, and Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

RECEIVED

FEB 14 2005

COMMARTESIA

Form C-102
Revised August 15, 2000
Submit to Appropriate District Office
State Lease - 4 copies
Fee Lease - 3 copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-33488	² Pool Code 96053	³ Pool Name Wildcat; Bone Spring
⁴ Property Code	⁵ Property Name SAND "12" FEDERAL	⁶ Well Number 1
⁷ OGRID No. 7377	⁸ Operator Name EOG RESOURCES, INC.	⁹ Elevation 3551'

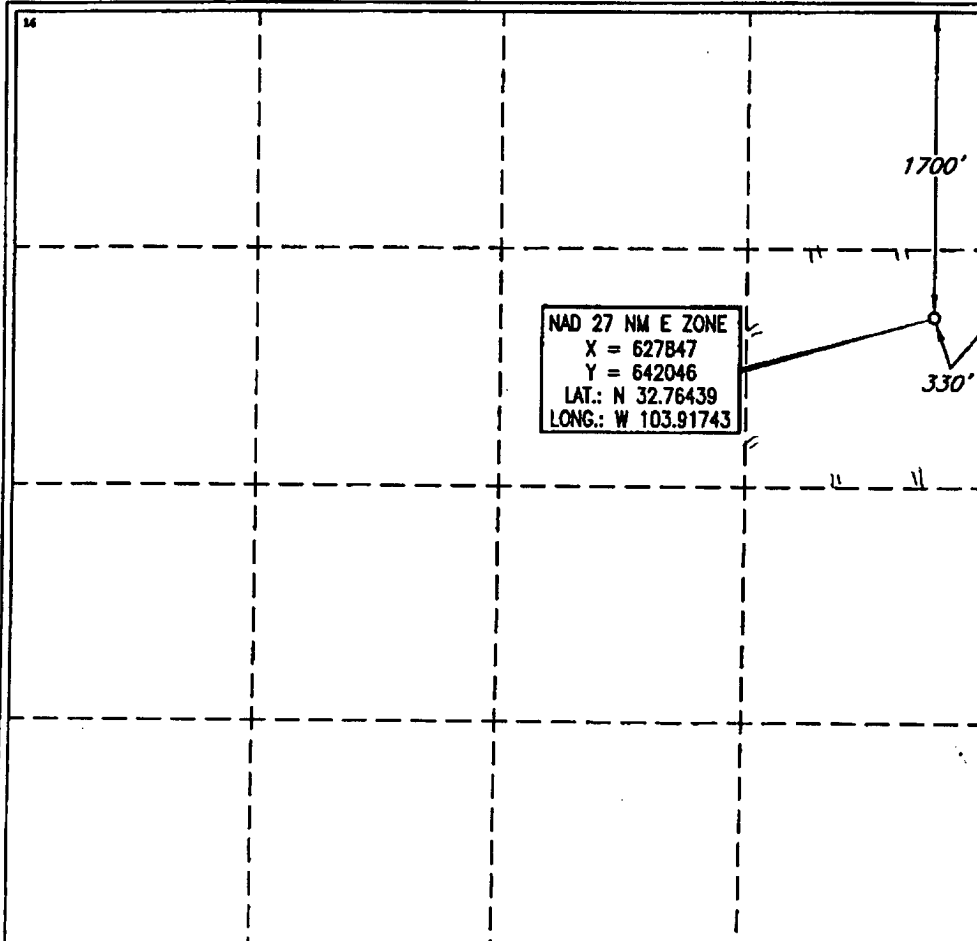
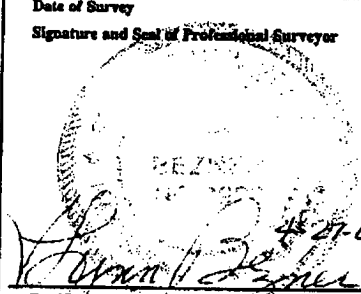
¹⁰ Surface Location

UL or lot no. H	Section 12	Township 18 SOUTH	Range 30 EAST, N.M.P.M.	Lot Idn	Feet from the 1700'	North/South line NORTH	Feet from the 330'	East/West line EAST	County EDDY
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 40		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

NO ALLOWABLE WELL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<div><p>¹⁶</p></div>	<div><p>¹⁷ OPERATOR CERTIFICATION</p><p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p><p>Signature: <i>Mike Francis</i></p><p>Printed Name: Mike Francis</p><p>Title: Agent</p><p>Date: 5/3/2004</p><p>¹⁸ SURVEYOR CERTIFICATION</p><p>I hereby certify that the well location shown on this plat was plotted from field notes of actual survey made by me or under my supervision, and that the same is true and correct to the best of my belief.</p><p>APRIL 20, 2004</p><p>Date of Survey</p><p>Signature and Seal of Professional Surveyor</p><p>Certificate Number V. L. BEZNER R.P.S. #7920 JOB #94548 / 97NW / E.U.O.</p></div>
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