

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. <b>LC NM 028990 (a)</b>					
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 <b>EOG Resources Inc.</b>				7. Unit or CA Agreement Name and No. <b>34223</b>					
3. Address <b>P.O. Box 2267 Midland, Texas 79702</b>				8. Lease Name and Well No. <b>Loco 13 Federal 1</b>					
3a. Phone No. (include area code) <b>432 686 3689</b>				9. API Well No. <b>30-015-33561</b>					
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface <b>347' FSL &amp; 845' FEL, SESE</b>  At top prod. interval reported below  At total depth				10. Field and Pool, or Exploratory <b>Shugart; Bone Spring (North)</b>					
				11. Sec., T., R., M., or Block and Survey or Area <b>Sec 13, T18S, R30E</b>					
				12. County or Parish <b>Eddy</b>		13. State <b>NM</b>			
14. Date Spudded <b>8/30/04</b>		15. Date T.D. Reached <b>9/17/04</b>		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. <b>11/22/04</b>		17. Elevations (DF, RKB, RT, GL)* <b>3640 GL</b>			
18. Total Depth: MD TVD <b>8910</b>		19. Plug Back T.D.: MD TVD <b>8822</b>		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 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 Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
<b>14 3/4</b>	<b>11 3/4</b>	<b>42</b>		<b>561</b>		<b>400 C</b>		<b>Surface</b>	
<b>11</b>	<b>8 5/8</b>	<b>32</b>		<b>2817</b>		<b>960 C</b>		<b>Surface</b>	
<b>7 7/8</b>	<b>5 1/2</b>	<b>17</b>		<b>8910</b>		<b>720 Lt Crete</b>		<b>2382 calc</b>	
						<b>400 C tail</b>			
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
<b>2 7/8</b>	<b>8748</b>								
25. Producing Intervals					26. Perforation Record				
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status			
A) <b>Bone Spring</b>	<b>8182</b>		<b>8182 - 8229</b>		<b>12</b>	<b>Producing</b>			
B)			<b>8662 - 8708</b>		<b>14</b>	<b>Producing</b>			
C)									
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.									
Depth Interval		Amount and Type of Material							
<b>8662 - 8708</b>		<b>Frac w/ 2000 gal 15% HCL acid, 25000 gal Viking pad, 24000 # 20/40 Lite Prop, 46400 # 30/50 White Sand, 135800 # 20/40 White Sand</b>							
<b>8182 - 8229</b>		<b>Acid frac w/ 12000 gal 15% gel &amp; X-L acid + 45 TONS CO2</b>							
28. Production - Interval A									
Date First Produced <b>11/22/04</b>	Test Date <b>12/5/04</b>	Hours Tested <b>24</b>	Test Production →	Oil BBL <b>135</b>	Gas MCF <b>270</b>	Water BBL <b>55</b>	Oil Gravity	Gas Gravity	Production Method <b>Pumping</b>
Choke Size	Tbg. Press. Flwg. SI <b>280</b>	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio <b>2000</b>	Well Status <b>POW</b>	
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	

RECEIVED

DEC 22 2004

OOP-ARTESIA

## 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.)

**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
				1st Bone Spring	5726
				1st Bone Spring Sand	7592
				2nd Bone Spring	7930
				2nd Bone Spring Sand	8230
				3rd Bone Spring	8819

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 AnalystSignature Date 12/7/04

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

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**

<sup>1</sup> API Number 30-015-33561	<sup>2</sup> Pool Code 56405	<sup>3</sup> Pool Name Shugart; Bone Spring (North)
<sup>4</sup> Property Code	<sup>5</sup> Property Name LOCO "13" FEDERAL	<sup>6</sup> Well Number 1
<sup>7</sup> OGRID No. 7377	<sup>8</sup> Operator Name EOG RESOURCES, INC.	<sup>9</sup> Elevation 3640'

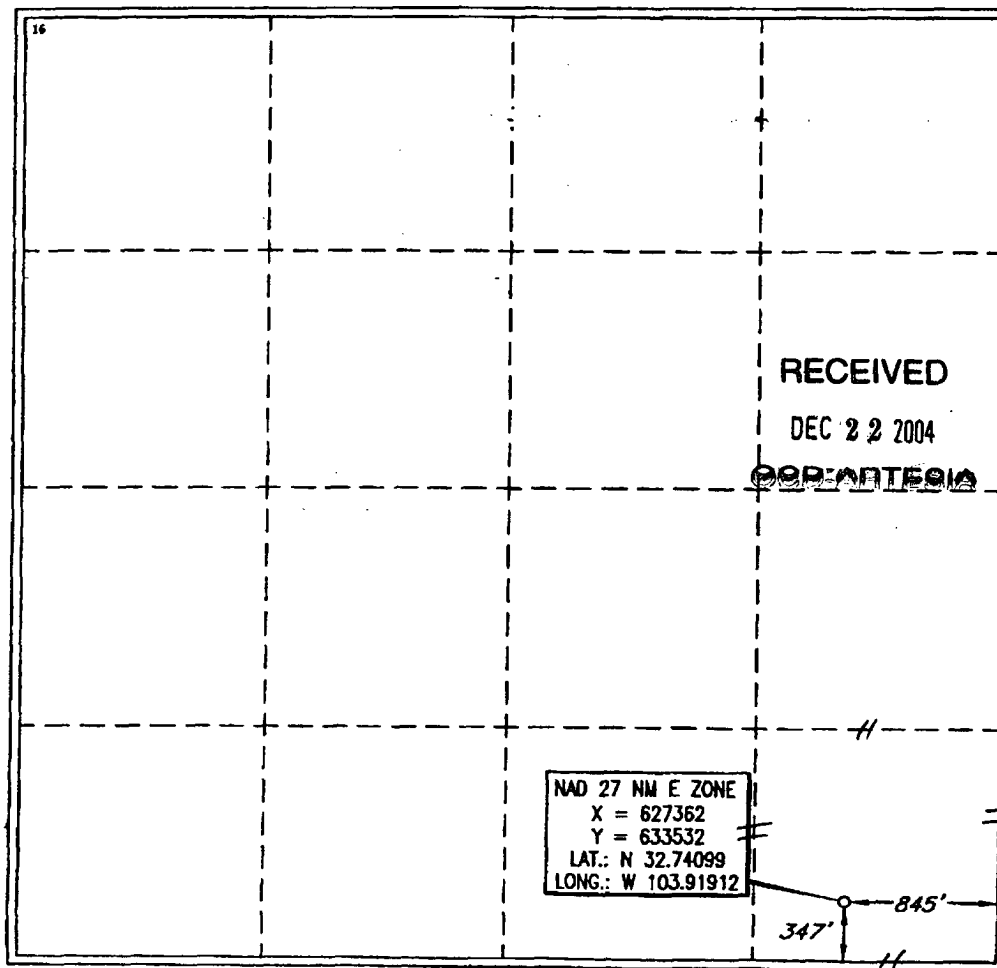
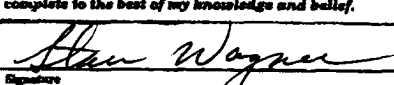
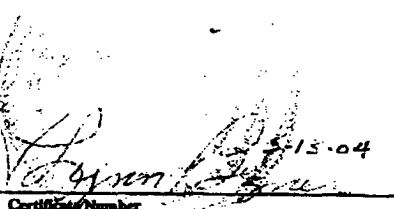
**<sup>10</sup> Surface Location**

UL or lot no. P	Section 13	Township 18 SOUTH	Range 30 EAST, N.M.P.M.	Lot Idn	Feet from the 347'	North/South line SOUTH	Feet from the 845'	East/West line EAST	County EDDY
--------------------	---------------	----------------------	----------------------------	---------	-----------------------	---------------------------	-----------------------	------------------------	----------------

**<sup>11</sup> 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
<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> 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>16</div> <div></div>	<div><b><sup>17</sup> OPERATOR CERTIFICATION</b></div> <div><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i></div> <div> Signature Stan Wagner Printed Name Regulatory Analyst Title 12/21/04 Date</div>
	<div><b><sup>18</sup> SURVEYOR CERTIFICATION</b></div> <div><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></div> <div>MAY 11, 2004 Date of Survey Signature and Seal of Professional Surveyor  Certificate Number V. L. BEZNER R.P.S. #7920 JOB #95043 / 97NW / E.U.O.</div>