

Submit To Appropriate District Office Two Copies 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 and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised August 1, 2011								
1. WELL API NO. <div style="text-align: right; font-weight: bold;">30-025-43808</div>		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN								
3. State Oil & Gas Lease No.		5. Lease Name or Unit Agreement Name <div style="text-align: center; font-weight: bold;">NEPTUNE 10 STATE COM</div>								
WELL COMPLETION OR RECOMPLETION REPORT AND LOGS		6. Well Number: <div style="text-align: center; font-weight: bold;">705H</div>								
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)										
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator <div style="text-align: center; font-weight: bold;">EOG RESOURCES INC</div>		9. OGRID <div style="text-align: center; font-weight: bold;">7377</div>								
10. Address of Operator <div style="text-align: center; font-weight: bold;">PO BOX 2267 MIDLAND, TEXAS 79702</div>		11. Pool name or Wildcat <div style="text-align: center; font-weight: bold;">WC025 G09 S243310P; UPPER WOLFCAMP</div>								
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	N	10	24S	33E		630'	SOUTH	2047'	WEST	LEA
BH:	C	03	24S	33E		230'	NORTH	1978'	WEST	LEA
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)		3607' GR		
10/09/2017	12/14/2017	12/17/2017		02/25/2018						
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run		None		
MD 22,559'		TVD 12,512'		MD 22,507' TVD 12,511'		YES				
22. Producing Interval(s), of this completion - Top, Bottom, Name <div style="text-align: center; font-weight: bold;">WOLFCAMP 12,804-22,507'</div>										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
10 3/4"		40.5# J-55		1,358'		14 3/4"		1001 SXS CL C/CIRC		
7 5/8"		29.7# HCP-110		11,918'		8 3/4"		3750 SXS CL C&H/CIRC		
5 1/2"		20# ECP-110		22,597'		6 3/4"		1091 SXS CL H TO C CBL		10,789'
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		25. TUBING RECORD				
						SIZE	DEPTH SET	PACKER SET		
26. Perforation record (interval, size, and number)						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
12,804-22,507' 3 1/8" 2619 holes						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						12,804-22,507'		Frac w/25,902,719 lbs proppant; 330,331 bbls load fld		
28. PRODUCTION										
Date First Production		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>)				Well Status (<i>Prod. or Shut-in</i>)				
02/25/2018		FLOWING				PRODUCING				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
03/02/2018	24	42		1579	3111	5579	1970			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>)				
	2094					42				
29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>)							30. Test Witnessed By			
SOLD										
31. List Attachments C-102, C-103, C-104, Directional Survey, As-Completed plat										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
			Latitude			Longitude			NAD 1927 1983	
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature		Printed Name			Title			Date		
Kay Maddox		Kay Maddox			Regulatory Analyst			03/20/2018		
E-mail Address kay_maddox@eogresources.com										

