

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. NM 01159					
b. Type of Completion: <input type="checkbox"/> New Well <input checked="" 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				8. Lease Name and Well No. Nelson Federal 8					
3a. Phone No. (include area code) 432 686 3689				9. API Well No. 30-015-24737					
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 774' FNL & 2226' FWL At top prod. interval reported below At total depth				10. Field and Pool, or Exploratory Walters Lake, Bone Spring 11. Sec., T., R., M., or Block and Survey or Area Sec 3, T18S, R30E 12. County or Parish Eddy 13. State NM					
14. Date Spudded WO 3/3/05		15. Date T.D. Reached 3/6/05		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 3/11/05		17. Elevations (DF, RKB, RT, GL)* 3535 GR			
18. Total Depth: MD TVD 11650		19. Plug Back T.D.: MD TVD 7640		20. Depth Bridge Plug Set: MD TVD 7675					
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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17 1/2	13 3/8	54, 50		498		525			
11	8 5/8	32		3532		1750			
7 7/8	4 1/2	11.6		11650		670			
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 3/8	6705								
25. Producing Intervals					26. Perforation Record				
Formation		Top	Bottom	Perforated Interval		Size	No. Holes	Perf. Status	
A) 1st Bone Spring		6700		6700 - 6740				Producing	
B)									
C)									
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.									
Depth Interval		Amount and Type of Material							
6700 - 6740		Acidized w/ 2500 gals 7 1/2% NEFE							
		Frac w/ 31,500 gals fluid carrying 34,252 # 20/40 white sand							
28. Production - Interval A									
Date First Produced 3/11/05	Test Date 4/1/05	Hours Tested 24	Test Production →	Oil BBL 17	Gas MCF 0	Water BBL 11	Oil Gravity	Gas Gravity	Production Method Pumping
Choke Size	Tbg. Press. Flwg. SI 100	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.*)

None

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
				Queen	2432
				San Andres	3354
				Bone Springs	6644
				Wolfcamp	8630
				Strawn	10460
				Atoka	10697
				Morrow	10920

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 5/3/05

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.