FORM APPROVED **UNITED STATES** Form 3160-4 OMB NO. 1004-0137 DEPARTMENT OF THE INTERIOR (August 1999) Expires: November 30, 2000 **BUREAU OF LAND MANAGEMENT** (1 original, 7 copies) 5. Lease Serial No. WELL COMPLETION OR RECOMPLETION REPORT AND LOG LC0503-49(A) 6. If Indian, Allottee or Tribe Name Oil Well Gas Well New Well Other Dry 1a. Type of Well Diff. Resvr., Deepen Plug Back Work Over b. Type of Completion: 7. Unit or CA Agreement Name and No. Other 2. Name of Operator 8. Lease Name and Well No. EOG Resources, Inc. Starbuck "19" Fed Com #1 3a. Phone No. (include area code) Address API Well No. (915)686-3714 P.O. Box 2267, Midland, TX 79702 30-015-31327 Location of Well (Report location clearly and in accordance with Federal requirements)\* 10 Field and Pool, or Exploratory Empire Penn 1140' FNL & 1650' FWL At surface Sec., T., R., M., On Block and Survey or Area At top prod. interval reported below Sec 19, T17S, R28E 13. State County or Parish 1140' FNL & 1650' FWL At total depth NM Eddv Elevations (DF, RKB, RT, GL)\* 16. Date Completed 15. Date T.D. Reached 14. Date Spudded Ready to Prod. 3597' GL D&A 12/9/00 11/24/00 12/18/00 9879 20. Depth Bridge Plug Set: MD 9975 19. Plug Back T.D: MD 18. Total Depth: MD TVD TVD Yes (Submit analysis) No 22. Was well cored? 21. Type Electric & Other Mechanical Logs Run (Submit copy of each) No Yes (Submit report) Was DST run? Daul Induction GR-Comp Z Densilog Yes (Submit report) No **Directional Survey?** 23. Casing and Liner Record (Report all strings set in well) **Amount Pulled** Slurry Vol. Cement Top\* No of Sks & State Cementer Bottom (MD) Depth Type of Cement (BBL) Top (MD) Wt. (#/ft) Hole Size Size/Grade 102 Circ 280 sx Premium 448 11-3/4" H40 42 14-3/4" Circ 225 585 sx Interfill 1946 8-5/8" J55 32 11" 522 1650 1125 sx Premium 17 9975 5-1/2" N80 7-7/8 24. Tubing Record Depth Set MD Packer Depth (MD) Packer Depth (MD) Size Depth Set (MD) Packer Depth (MD) Depth Set Size (MD) 2-7/8" 9693 26. Perforation Record 25. Producing Intervals Perf Status No. Holes Size Perforated Interval Bottom Formation Top 6 SPF 24 9695-9699 Morrow A) B) C) D) 27. Acid, Fracture, Treatment, Cement Squeeze, Etc. **Amount and Type of Material** Depth Interval Naturally 9695-9699 28. Production - Interval A **Production Method** Oil Gravity Gas Gas Water Oil Test Test Date Hours Date First MCF BBL Corr. API Gravity BBL Tested Production **Produced** Flowing 1390 Λ 1/1/01 24 12/18/00 Well Status Water Gas : Oil Oil Gas 24 Hr. Tbg. Press Csq. Choke Ratio MCF BBL **BBL** Press. Rate Flwg. Size Producing 64/64 520 28a. Production - Interval B Production Method Oil Gravity Gas Water Oil Gas Test Test Date Hours **Date First** 

BBL

Water

BBL

MCF

Gas

MCF

BBL

Oil

BBL

Production

24 Hr.

Rate

Corr. API

Gas : Oil

Ratio

Gravity

Well Status

(See instructions and spaces for additional data on reverse side)

Tbg. Press

Flwa.

SI

Produced

Choke

Size

**Tested** 

Csq.

28b. Producti	on - interval C	<del></del>							
Date First	Test Date	Hours	Test	Oil	Gas	Water	Oil Gravity		
Produced		Tested	Production	BBL	MCF	BBL	Corr. API	Gas Gravity	Production Method
Choke	Tbg. Press	Csg.	24 Hr.	Oil	Gas	Water	Gas : Oil	Well Status	
Size	Flwg.	Press.	Rate	BBL	MCF	BBL	Ratio	, won orang	
28c. Production							<u> </u>		
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke	Tbg. Press	Csg.	24 Hr.	Oil	Gas	Water	Gas : Oil	Well Char	
Size	Flwg.	Press.	Rate	BBL	MCF	BBL	Ratio	Well Status	
<ul><li>29. Disposition</li><li>30. Summary of</li></ul>				;) 					
						-			31. Formation (Log) Markers
tests, inclu-	aing aeptn int	s of porosity terval tested	and contents, cushion use	thereof: Co d, time tool o	pred intervals and open, flowing and	all drill-stem shut-in press	ures		
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Formation	Тор	Bottom	Desci	riptions, Con	tents, etc.	Na	ıme	Top Meas. Depth	
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Electrical/N     Sundry Not	ice for pluggi	gs (1 full se ng and cem	t req'd) ent verificatio		Geologic Report Core Analysis		DST Report Other	4.	Directional
I hereby certify t	hat the foregoin	ng and attach	ed information is	s complete and	d correct as determ	ined from all av	ailable records	(see attached !-	ofructional.
. I hereby certify that the foregoing and attached information is complete and correct as determine  Name (please print) Mike Francis						Title			
Signature Medical Constant						_	Date 1/8/01		
18 U.S.C. Section	1001 and Title 4	3USC Sant	on 1212 make "	a crime to					
les any false, fict	itious or fraudi	lent stateme	ents or represent	a crime for any	person knowingly ar any matter within i	nd willfully to mal	ke to any depart	ment or agency of	the United
					any maker within i	us jurisdiction.			
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