

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well Oil Well Gas Well Dry Other
 b. Type of Completion: New Well Work Over Deepen Plug Back Diff. Resvr.,
 Other _____

2. Name of Operator

EOG Resources Inc.

3. Address

P.O. Box 2267 Midland TX 79702

3a. Phone No. (include area code)

432 686 3689

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 2200' FNL & 2500' FWL, UL F, Sec 13

At top prod. interval reported below

At total depth 400' FSL & 2003' FWL, UL H, Sec 7

14. Date Spudded

1/12/04

15. Date T.D. Reached

2/26/04

16. Date Completed

D & A

Ready to Prod.

3/22/04

18. Total Depth: MD

TVD

17364

12249

19. Plug Back T.D.: MD

TVD

20. Depth Bridge Plug Set: MD

TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

None

22. Was well cored? No Yes (Submit analysis)

Was DST run No Yes (Submit report)

Directional Survey? No 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	Shurry Vol. (BBL)	Cement Top*	Amount Pulled
17 1/2	13 3/8	46		660		575 C		Surface	
12 1/4	9 5/8	40		5210		1490 C		Surface	
8 3/4	7	26		12732		700 50:50 PZ		5030 TS	
						435 H			
6 1/8	4 1/2	11	11476	17168					

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	11373							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) 3rd Bone Spring	12812		12812-17100	0.41	50	Producing
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
12812-17100	Frac w/ 224,000 gal DeltaFrac 200-R, 347,000 lbs of 18/40 Mesh Versaprop, 16,000 gal 7 1/2% HCL Spearhead Acid

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
3/22/04	4/2/04	24	→	397	301	61		43.0	Pumping 2 1/2" X 1 3/4" X 36'
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	
	260		→				758	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	
			→						

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

ACCEPTED FOR RECORD
APR 13 2004
GARY GOURLEY
PETROLEUM ENGINEER

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
				Estimated Tops	
				Delaware	5185
				Bone Spring Lime	9265
				3rd Bone Spring Sand	12232

32. Additional remarks (include plugging procedure):

No logs run

33. Circle enclosed attachments:

- 1. Electrical/Mechanical Logs (1 full set req'd)
- 2. Geologic Report
- 3. DST Report
- 4. Directional Survey
- 5. Sundry Notice for plugging and cement verification
- 6. Core Analysis
- 7. 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 Wagner

Title Regulatory Analyst

Signature *Stan Wagner*

Date 4/5/04

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