

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

<b>1a. Type of Well</b> <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Dry    Other						<b>5. Lease Serial No.</b> NMN94110			
<b>b. Type of Completion:</b> <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other <u>P&amp;A</u>						<b>6. If Indian, Allottee or Tribe Name</b>			
<b>2. Name of Operator</b> EOG Resources Inc.						<b>7. Unit or CA Agreement Name and No.</b>			
<b>3. Address</b> P.O. Box 2267 Midland, Texas 79702				<b>3a. Phone No. (include area code)</b> 432-686-3684		<b>8. Lease Name and Well No.</b> Pitchblende Fed Unit #1			
<b>4. Location of Well (Report location clearly and in accordance with Federal requirements)*</b> At surface    2200 FNL & 660' FEL, SWNW  At top prod. interval reported below  At total depth						<b>9. API Well No.</b> 30-025-36929			
<b>14. Date Spudded</b> 11/30/04						<b>15. Date T.D. Reached</b> 12/23/04			
<b>16. Date Completed</b> <input checked="" type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod.						<b>10. Field and Pool, or Exploratory</b> Wildcat, Bone Spring			
<b>18. Total Depth: MD</b> TVD 12650						<b>11. Sec., T., R., M., or Block and Survey or Area</b> 27, T25S, R34E			
<b>19. Plug Back T.D.: MD</b> TVD 12650						<b>12. County or Parish</b> Lea			
<b>20. Depth Bridge Plug Set: MD</b> TVD						<b>13. State</b> NM			
<b>21. Type Electric &amp; Other Mechanical Logs Run (Submit copy of each)</b>						<b>17. Elevations (DF, RKB, RT, GL)*</b> 3318'			
<b>22. Was well cored?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) <b>Was DST run</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) <b>Directional Survey?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)									
<b>23. Casing and Liner Record (Report all strings set in well)</b>									
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
14-3/4	11-3/4	42		650		350 PP		surface	
11	8-5/8	32		5235		1315 C & PP		surface	
<b>24. Tubing Record</b>									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
<b>25. Producing Intervals</b>					<b>26. Perforation Record</b>				
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	(Perf. Status)			
A)									
B)									
C)									
D)									
<b>27. Acid, Fracture, Treatment, Cement Squeeze, Etc.</b>									
Depth Interval		Amount and Type of Material							
<b>28. Production - Interval A</b>									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
									P&A
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	
<b>28a. Production-Interval B</b>									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
									APR 7 2005
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

ACCEPTED FOR RECORD  
DAVID R. GLASS  
PETROLEUM ENGINEER

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	

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	

### 30. Summary of Porous Zones (Include Aquifers):

### 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth

33. Indicate which items have been attached by placing a check in the appropriate boxes:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Title Regulatory Analyst

**Signature**

Date **04/5/05**

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.