

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 & Natural Resources

HOBBS OCD

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

AUG 11 2015

RECEIVED

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address EOG Resources, Inc. P.O. Box 2267 Midland, TX 79702		² OGRID Number 7377
		³ Reason for Filing Code/ Effective Date NW 07/2015
⁴ API Number 30 - 0 25-42413	⁵ Pool Name Red Hills; Upper Bone Spring Shale	⁶ Pool Code 97900
⁷ Property Code 314178	⁸ Property Name Hawk 35 Fed	⁹ Well Number 10H

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	35	24S	33E		500	North	693	East	Lea

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	26	24S	33E		227	North	372	East	Lea

¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
F	Flowing				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
7377	EOG Resources, Inc.	Oil
4323	Chevron USA, Inc.	Oil
7377	EOG Resources, Inc.	Gas

IV. Well Completion Data

²¹ Spud Date	²² Ready Date	²³ TD	²⁴ PBTD	²⁵ Perforations	²⁶ DHC, MC
4/4/2015	7/19/15	14721M - 9434V	14590	9758 - 14590'	
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2	13-3/8	1335	775 C		
12-1/4	9-5/8	5142	1075 C		
8-3/4	5-1/2	14721	630 C, 1355 H		

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
7/19/15	7/19/15	8/2/15	24	645	0
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	
Open	1258	1638	2389	Flowing	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Stan Wagner</i> Printed name: Stan Wagner Title: Regulatory Specialist E-mail Address: Date: 8/18/15 Phone: 432-686-3689	OIL CONSERVATION DIVISION
	Approved by: <i>[Signature]</i>
	Title: Petroleum Engineer
	Approval Date: 09/14/15

recomp _____ Add new well _____
 Canc'l Well _____ Create Pool _____
 E-PERMITTING -- New Well _____
 Comp *PM* P&A _____ TA _____
 CSNG *PM* Loc Chng _____
 RECOMP _____ ADD NEW WELL _____

SEP 15 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. HAWK 35 FED 10H
2. Name of Operator EOG RESOURCES, INC. Contact: STAN WAGNER E-Mail: stan_wagner@egoresources.com	9. API Well No. 30-025-42413
3a. Address P.O. BOX 2267 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-686-3689
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R33E NENE 500FNL 693FEL	10. Field and Pool, or Exploratory RED HILLS; UPPER BS SHALE
	11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BLA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

4/4/15 Spud 17-1/2" hole.
Ran 30 jts 13-3/8", 68#, J55 STC casing set at 1335'.
Cemented lead w/ 475 sx Class C, 14.8 ppg, 1.75 CFS yield;
tail w/ 300 sx Class C, 14.8 ppg, 1.37 CFS yield.
Circulated 176 sx cement to surface. WOC 24 hrs.
4/5/15 Tested casing to 1500 psi for 30 minutes. Test good.
Resumed drilling 12-1/4" hole.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #297358 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 04/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Accepted for Record Only

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM19858

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
HAWK 35 FED 10H

2. Name of Operator
EOG RESOURCES, INC. Contact: STAN WAGNER
E-Mail: stan_wagner@eogresources.com

9. API Well No.
30-025-42413

3a. Address
P.O. BOX 2267
MIDLAND, TX 79702

3b. Phone No. (include area code)
Ph: 432-686-3689

10. Field and Pool, or Exploratory
RED HILLS; UPPER BS SHALE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 35 T24S R33E NENE 500FNL 693FEL

11. County or Parish, and State
LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

4/7/15 Ran 143 jts 9-5/8", 40#, (30) HCK55 & (114) J55 LTC casing set at 5142'.
Cemented lead w/ 875 sx Class C, 12.7 ppg, 2.23 CFS yield;
tail w/ 200 sx Class, 14.8 ppg, 1.33 CFS yield.
Circulated 227 sx cement to surface. WOC 21 hrs.
4/8/15 Tested casing to 1500 psi for 30 minutes. Tets good.
REsumed drilling 8-3/4" hole.

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #297706 verified by the BLM Well Information System
For EOG RESOURCES, INC., sent to the Hobbs**

Name (Printed/Typed) STAN WAGNER Title REGULATORY ANALYST

Signature (Electronic Submission) Date 04/09/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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5. Lease Serial No.
NMNM19858

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
HAWK 35 FED 10H

2. Name of Operator
EOG RESOURCES, INC. Contact: STAN WAGNER
E-Mail: stan_wagner@eogresources.com

9. API Well No.
30-025-42413

3a. Address
P.O. BOX 2267
MIDLAND, TX 79702

3b. Phone No. (include area code)
Ph: 432-686-3689

10. Field and Pool, or Exploratory
RED HILLS; UPPER BS SHALE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 35 T24S R33E NENE 500FNL 693FEL

11. County or Parish, and State
LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

4/13/15 TD at 14721' MD.
4/14/15 Ran 335 jts 5-1/2", 17#, HCP110 LTC casing set at 14721'.
4/15/15 Cement lead w/ 630 sx 60:60:8 Class C, 11.0 ppg, 3.61 CFS yield;
tail w/ 1355 sx 50:50:10 Class H, 14.4 ppg, 1.38 CFS yield.
4/16/15 Released rig.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #298471 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs

Name (Printed/Typed) STAN WAGNER Title REGULATORY ANALYST

Signature (Electronic Submission) Date 04/16/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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Office **Accepted for Record Only**

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**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

AUG 21 2015

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

RECEIVED

5. Lease Serial No.
NMNM19858

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other

7. If Unit of CA/Agreement, Name and/or No.

2. Name of Operator
EOG Resources, Inc.

8. Well Name and No.
Hawk 35 Fed 10H

3a. Address
P.O. Box 2267
Midland, TX 79702

3b. Phone No. (include area code)
432-686-3689

9. API Well No.
30-025-42413

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
500' FNL & 693' FEL, NENE (A), Sec 35, T24S, R33E

10. Field and Pool or Exploratory Area
Red Hills; Upper Bone Spring Shale

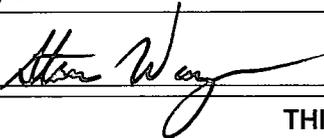
11. County or Parish, State
Lea, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Completion</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

- 4/26/15 Prep well for completion. Ran CBL; 5-1/2" casing TOC at 4740'.
- 6/01/15 Pre-test casing to 7980 psi. Test good.
- 6/09/15 begin 26 stage completion and frac.
- 6/20/15 Finish 26 stage completion. Perforated from 9758 to 14590', 0.41", 1145 holes.
Frac w/ 756 bbls acid, 7364510 lbs proppant, 181966 bbls load water.
- 6/24/15 RIH w/ CT to drill out plugs and clean out well.
- 6/25/15 Finish drill and clean out.
- 6/29/15 RIH w/ 2-7/8" production tubing, packer, and gas lift assembly. Packer set at 9009'. EOT at 9036'. Shut-in.
- 7/14/15 Open to flowback.
- 7/19/15 First sales; well on production.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Stan Wagner
Title Regulatory Specialist
Signature 
Date 08/17/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____
Office _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

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Approved for Record Only

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 21 2015

FORM APPROVED
OMB NO. 1004-0137
Expires: October 31, 2014

WELL COMPLETION OR RECOMPLETION REPORT AND LOG RECEIVED

1a. Type of Well Oil Well Gas Well Dry Other
 b. Type of Completion: New Well Work Over Deepen Plug Back Diff. Reserv.,
 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)*
500' FNL & 693' FEL, NENE (A) Sec 35-24S-33E

At surface
 At top prod. interval reported below

At total depth **227' FNL & 372' FEL, NENE (A) Sec 26-24S-33E**

14. Date Spudded **04/04/2015** 15. Date T.D. Reached **04/13/2015** 16. Date Completed **07/19/2015**
 D & A Ready to Prod.

17. Elevations (DF, RKB, RT, GL)* **3527' GL**

18. Total Depth: MD **14721** 19. Plug Back T.D.: MD **14590** 20. Depth Bridge Plug Set: MD **MD**
 TVD **9434** TVD

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

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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17-1/2	13-3/8	68	0	1335		775 C		surface	
12-1/4	9-5/8	40	0	5142		1075 C		surface	
8-3/4	5-1/2	20	0	14721		630 C, 1355 H		4740' CBL	

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	9036	9009						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) Bone Spring Shale	9287		9758 - 14590	0.41	1145	Producing
B)						
C)						
D)						

26. Perforation Record

Depth Interval	Amount and Type of Material
9758 - 14590	756 bbls acid, 7364520 bbls proppant, 181966 bbls load water.

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

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
7/19/15	8/2/15	24	→	1258	2389	1638	45.0		Flowing
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
Open	645 tbg	0	→				1899	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

Accepted for Record Only

*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production ➔	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate ➔	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 Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate ➔	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (Solid, 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

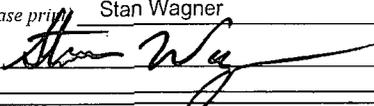
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
Rustler Salado	1199 1735		Anhydrite Top Salt	Rustler Delaware	1199 5260
Base of Salt Lamar	5260	5009	Limestone	Bell Canyon Cherry Canyon	5290 6279
Bell Canyon Cherry Canyon	5290 6279		Sandstone Sandstone	Brushy Canyon Bone Spring Shale	7720 9287
Brushy Canyon	7720		Sandstone		
Bone Spring Lime Bone Spring Shale	9247 9287		Limestone Shale		

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 Wagner Title Regulatory Specialist
 Signature  Date 08/18/2015

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