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| Submit To Appropriate District Office Two Copies 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 and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | Form C-105 Revised August 1, 2011 1. WELL API NO. 30-025-41667 2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No. |
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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| 4. Reason for filing: <input type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) | 5. Lease Name or Unit Agreement Name Thor 21 6. Well Number: 701H <div style="text-align: right; color: blue; font-weight: bold;"> HOBBS OGD SEP 02 2015 RECEIVED </div> |
| 7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | |
| 8. Name of Operator EOG Resources, Inc. | 9. OGRID 7377 |
| 10. Address of Operator P.O. Box 2267 Midland, TX 79702 | 11. Pool name or Wildcat WC-025 G-09 S263327G; Upper WC |

| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
|-----------------|----------|---------|----------|-------|-----|---------------|----------|---------------|----------|--------|
| Surface: | P | 21 | 26S | 33E | | 230 | South | 380 | East | Lea |
| BH: | A | 21 | 26S | 33E | | 674 | North | 389 | East | Lea |

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| 13. Date Spudded 3/31/15 | 14. Date T.D. Reached 4/21/15 | 15. Date Rig Released 4/23/15 | 16. Date Completed (Ready to Produce) 7/13/15 | 17. Elevations (DF and RKB, RT, GR, etc.) 3252' GR |
| 18. Total Measured Depth of Well 16716 M - 12346 TVD | 19. Plug Back Measured Depth 16588 | 20. Was Directional Survey Made? Yes | 21. Type Electric and Other Logs Run GR | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 12443 - 16588' Wolfcamp | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | |

| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|----------------|-----------|-----------|---------------------------------|-----------------|
| 9-5/8 | 40 | 1022 | 12-1/4 | 600 C | |
| 7 | 26 | 10819 | 8-3/4 | 1st: 250 C, 200 H 2nd: 650 C | DV tool @ 4837' |
| 4-1/2 | 15.2 | 16716 | 6-1/8 | 500 H | |

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| 24. LINER RECORD | 25. TUBING RECORD |
| SIZE TOP BOTTOM SACKS CEMENT SCREEN | SIZE DEPTH SET PACKER SET |

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| 26. Perforation record (interval, size, and number) 12443 - 16588', 0.32", 885 holes | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 12443 - 16588' 1167 bbls acid, 6967884 lbs proppant, 159547 bbls load water |
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| 28. PRODUCTION | | | | | | | |
| Date First Production 7/17/15 | | Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) Flowing | | | Well Status (<i>Prod. or Shut-in</i>) Producing | | |
| Date of Test 7/27/15 | Hours Tested 24 | Choke Size 64/64 | Prod'n For Test Period | Oil - Bbl 2648 | Gas - MCF 4630 | Water - Bbl. 3803 | Gas - Oil Ratio 1748 |
| Flow Tubing Press. | Casing Pressure 1457 | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (<i>Corr.</i>) 46.0 | |
| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) Sold | | | | | | 30. Test Witnessed By | |
| 31. List Attachments C-102, C-103, C-104, directional survey | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. | | | | | | | |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial: | | | | | | | |

Latitude _____ Longitude _____ NAD 1927 1983

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Printed Name **Stan Wagner** Title **Regulatory Specialist** Date **08/28/15**

E-mail Address _____

