

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	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised August 1, 2011
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HOBBBS  
 AUG 19 2015  
 RECEIVED

1. WELL API NO.	30-025-42120
2. Type of Lease	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN
3. State Oil & Gas Lease No.	

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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 <b>Hearns 27 State Com</b>  6. Well Number:  <b>703H</b>
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 <b>EOG Resources, Inc.</b>	9. OGRID <b>7377</b>
10. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>	11. Pool name or Wildcat <b>WC-025 G-09 S243336I; Upper WC</b>

13. Date Spudded <b>3/10/15</b>	14. Date T.D. Reached <b>4/19/15</b>	15. Date Rig Released <b>4/23/15</b>	16. Date Completed (Ready to Produce) <b>6/25/15</b>	17. Elevations (DF and RKB, RT, GR, etc.) <b>3488' GR</b>
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18. Total Measured Depth of Well <b>17650 M - 12559 TVD</b>	19. Plug Back Measured Depth <b>17498</b>	20. Was Directional Survey Made? <b>Yes</b>	21. Type Electric and Other Logs Run <b>3488' GR</b>
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22. Producing Interval(s), of this completion - Top, Bottom, Name <b>13003 - 17498' Wolfcamp</b>					
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	1308	12-1/4	500 C	
7	26	10860	8-3/4	1st: 250 C, 200 H	DV @ 5006'
				2nd: 650 C	
4-1/2	15.1	17650	6-1/8	550 H	

24. LINER RECORD	25. TUBING RECORD																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>SIZE</th> <th>TOP</th> <th>BOTTOM</th> <th>SACKS CEMENT</th> <th>SCREEN</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>SIZE</th> <th>DEPTH SET</th> <th>PACKER SET</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SIZE	DEPTH SET	PACKER SET			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN													
SIZE	DEPTH SET	PACKER SET															

26. Perforation record (interval, size, and number) <b>13003 - 17498', 0.35", 1081 holes</b>				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.			
DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED					
<b>13003 - 17498'</b>		<b>1032 bbls acid, 7143780 lbs proppant,</b>					
		<b>174802 bbls water</b>					

28. PRODUCTION

Date First Production <b>6/21/15</b>	Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>Flowing</b>	Well Status ( <i>Prod. or Shut-in</i> ) <b>Producing</b>					
Date of Test <b>6/27/15</b>	Hours Tested <b>24</b>	Choke Size <b>56/64</b>	Prod'n For Test Period	Oil - Bbl <b>2478</b>	Gas - MCF <b>3596</b>	Water - Bbl. <b>2988</b>	Gas - Oil Ratio <b>1451</b>
Flow Tubing Press.	Casing Pressure <b>1122</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> ) <b>46.0</b>	

29. Disposition of Gas (*Sold, used for fuel, vented, etc.*)  
**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 **8/10/15**

E-mail Address \_\_\_\_\_

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