

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

Form C-104  
Revised August 1, 2011

Submit one copy to appropriate District Office

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address EOG Resources, Inc. P.O. Box 2267 Midland, TX 79702		<sup>2</sup> OGRID Number 7377
		<sup>3</sup> Reason for Filing Code/ Effective Date NW 09/2016
<sup>4</sup> API Number 30 - 0 25-42876	<sup>5</sup> Pool Name WC-025 G-09 S263327G; Upper Wolfcamp	<sup>6</sup> Pool Code 98097
<sup>7</sup> Property Code 315317	<sup>8</sup> Property Name Rattlesnake 28 Fed Com	<sup>9</sup> Well Number 704H

**II. <sup>10</sup> Surface Location**

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
B	28	26S	33E		730	North	2100	East	Lea

**<sup>11</sup> 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
G	33	26S	33E		230	South	2384	East	Lea

<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
F	Gas Lift	9/30/16			

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
7377	EOG Resources, Inc.	Oil
151618	Enterprise Field Services L.L.C.	Gas

**IV. Well Completion Data**

<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBTB	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
6/20/16	9/30/16	19769M - 12373V	19598	12643 - 19598'	

<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement
14-3/4	10-3/4	970	563 C
9-7/8	7-5/8	10990	550 H, 2743 C
6-3/4	5-1/2	19760	765 50/50 H

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
9/30/16	9/30/16	10/14/16	24	1394	1379

<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method
Open	2164	4240	4363	Flowing

<sup>42</sup> 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: *Stan Wagner*

Printed name:  
Stan Wagner  
Title:  
Regulatory Specialist  
E-mail Address:

Date:  
10/18/16  
Phone:  
432-686-3689

OIL CONSERVATION DIVISION

Approved by: *[Signature]*  
Title: **Petroleum Engineer**  
Approval Date: *10/21/16*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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.*

**HOBBS OCD**  
**OCT 21 2016**  
**RECEIVED**

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

5. Lease Serial No. NMNM02965A
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. RATTLESNAKE 28 FED COM 704H
9. API Well No. 30-025-42876
10. Field and Pool, or Exploratory WC-025 S263327G
11. County or Parish, and State LEA COUNTY, NM

**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	
2. Name of Operator EOG RESOURCES, INC.	
Contact: STAN WAGNER E-Mail: stan_wagner@eogresources.com	
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 28 T26S R33E NWNE 730FNL 2100FEL	

**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	Production Start-up
	<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 recomple 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 recomple 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.)

7/31/16 Prep well for completion. Perform pre-frac casing test to a max pressure of 11450' psi.  
8/10/16 MIRU for completion.  
8/11/16 Begin 31 stage completion.  
8/21/16 Finish perforating and frac.  
Perforated 12643 - 19598', 0.35", 1962 holes.  
Frac w/ 720 bbls acid; 17,245,140 lbs proppant; 438,899 bbls load water.  
8/26/16 RIH to drill out plugs and clean out well.  
8/28/16 Finish drill and clean out.  
8/29/16 RIH w/ 5-1/2" production packer set at 12012'.  
8/30/16 RIH w/ 2-7/8" production tubing and gas lift assembly. EOT at 12031'.  
Well shut-in.  
9/30/16 Opened well to flowback. First production.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #355078 verified by the BLM Well Information System For EOG RESOURCES, INC., sent to the Hobbs</b>	
Name (Printed/Typed) STAN WAGNER	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/18/2016

**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 _____

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.

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

RECEIVED

OCT 21 2016

CD

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.  
NMNM02965A

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator EOG RESOURCES, INC. Contact: STAN WAGNER E-Mail: stan_wagner@eogresources.com			8. Lease Name and Well No. RATTLESNAKE 28 FED COM 704H		
3. Address P.O. BOX 2267 MIDLAND, TX 79702		3a. Phone No. (include area code) Ph: 432-686-3689	9. API Well No. 30-025-42876		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNE 730FNL 2100FEL At top prod interval reported below Sec 33 T26S R33E Mer At total depth SWNE 230FSL 2384FEL			10. Field and Pool, or Exploratory WC-025 S263327G UPPER WC		
			11. Sec., T., R., M., or Block and Survey or Area Sec 28 T26S R33E Mer		
			12. County or Parish LEA	13. State NM	
14. Date Spudded 06/20/2016	15. Date T.D. Reached 07/11/2016		16. Date Completed <input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod. 09/30/2016		17. Elevations (DF, KB, RT, GL)* 3245 GL
18. Total Depth: MD 19769 TVD 12373		19. Plug Back T.D.: MD 19598 TVD		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE			22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)		

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
14.750	10.750 J55	40.5	0	970		563		0	
9.875	7.625 P110	29.7	0	10990		3293		0	
6.750	5.500 P110	23.0	0	19760		765		8530	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	12031	12012						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12643	19598	12643 TO 19598	0.350	1962	PRODUCING
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
12643 TO 19598	720 BBLs ACID; 17,245,140 LBS PROPPANT; 438,899 BBLs LOAD WATER

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
09/30/2016	10/14/2016	24	→	2164.0	4363.0	4240.0	47.0		GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
OPEN	1394 SI	1379.0	→				2016	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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

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

ELECTRONIC SUBMISSION #355088 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

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(Sold, used for fuel, vented, etc.)  
CAPTURED

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	730	1088	ANHYDRITE	RUSTLER	730
SALT	1089	4640	SALT	SALT	1088
BELL CANYON	4924	5990	SANDSTONE	DELAWARE	4896
BONE SPRING LIME	9127	10066	LIMESTONE	BONE SPRING	9127
1ST BS SAND	10066	10321	SANDSTONE	WOLFCAMP	12197
2ND BS SAND	10637	11083	SANDSTONE		
3RD BS SAND	11756	12197	SANDSTONE		
WOLFCAMP	12197		SHALE		

32. Additional remarks (include plugging procedure):

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):

**Electronic Submission #355088 Verified by the BLM Well Information System.  
For EOG RESOURCES, INC., sent to the Hobbs**

Name (please print) STAN WAGNER Title REGULATORY ANALYST

Signature \_\_\_\_\_ (Electronic Submission) Date 10/18/2016

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.