

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> Energy, Minerals and Natural Resources  <b>Oil Conservation Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505	<b>Form C-105</b> Revised August 1, 2011
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1. WELL API NO. 30-025-43005
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>Foghorn 32 State Com</b>
	6. Well Number:  <b>501H</b>

7. Type of Completion:  
 NEW WELL     WORKOVER     DEEPENING     PLUGBACK     DIFFERENT RESERVOIR     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  
**Red Tank; Bone Spring, East**

12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
<b>Surface:</b>	<b>A</b>	<b>32</b>	<b>22S</b>	<b>33E</b>		<b>200</b>	<b>North</b>	<b>80</b>	<b>East</b>	<b>Lea</b>
<b>BH:</b>	<b>P</b>	<b>32</b>	<b>22S</b>	<b>33E</b>		<b>218</b>	<b>South</b>	<b>334</b>	<b>East</b>	<b>Lea</b>

13. Date Spudded <b>8/12/16</b>	14. Date T.D. Reached <b>8/26/16</b>	15. Date Rig Released <b>8/29/16</b>	16. Date Completed (Ready to Produce) <b>12/05/16</b>	17. Elevations (DF and RKB, RT, GR, etc.) <b>3593' GR</b>
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18. Total Measured Depth of Well <b>15720' MD - 10922' TVD</b>	19. Plug Back Measured Depth <b>15469'</b>	20. Was Directional Survey Made? <b>Yes</b>	21. Type Electric and Other Logs Run <b>None</b>
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22. Producing Interval(s), of this completion - Top, Bottom, Name  
**11091 - 15469' 2nd Bone Spring**

**23. CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	54.5	1180	17-1/2	1020 C	
9-5/8	40	5032	12-1/4	1164 POZ, 435 C	
5-1/2	20	15702	8-3/4	2350 H	

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

26. Perforation record (interval, size, and number) <b>11091 - 15469', 0.35", 1328 holes</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td><b>11091-15469'</b></td> <td><b>504 bbls acid; 12,570,390 lbs proppant;</b></td> </tr> <tr> <td></td> <td><b>297,805 bbls load water</b></td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	<b>11091-15469'</b>	<b>504 bbls acid; 12,570,390 lbs proppant;</b>		<b>297,805 bbls load water</b>
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	<b>297,805 bbls load water</b>						

**28. PRODUCTION**

Date First Production <b>12/05/16</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>
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Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
<b>12/25/16</b>	<b>24</b>	<b>Open</b>		<b>1060</b>	<b>1263</b>	<b>2436</b>	<b>1191</b>

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )
	<b>319</b>					<b>42.0</b>

29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) <b>Sold</b>	30. Test Witnessed By
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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 <b>Stan Wagner</b>	Title <b>Regulatory Specialist</b>	Date <b>1/06/17</b>
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E-mail Address \_\_\_\_\_

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