

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

HOBBS OCD

Submit one copy to appropriate District Office

MAR 13 2017

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 02/2017
⁴ API Number 30 - 0 25-42934	⁵ Pool Name WC-025 G-09 S253336D; Wolfcamp	⁶ Pool Code 98094
⁷ Property Code 39955	⁸ Property Name Whirling Wind 11 Fed Com	⁹ Well Number 702H

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	14	26S	33E		9	South	583	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
I	2	26S	33E		2426	South	981	East	Lea
¹² Lse Code F	¹³ Producing Method Code Flowing	¹⁴ Gas Connection Date 2/15/17	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
7377	EOG Resources, Inc.	Oil
298751	Regency Field Services LLC	Gas

IV. Well Completion Data

²¹ Spud Date 10/08/2016	²² Ready Date 2/15/17	²³ TD 20072M - 12474V	²⁴ PBTB 19444	²⁵ Perforations 12791 - 19944'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14-3/4	10-3/4	985	745 C		
9-7/8	7-5/8	11748	600 H, 3800 C		
6-3/4	5-1/2	10997			
6-3/4	5	20070	1040 H		

V. Well Test Data

³¹ Date New Oil 2/15/17	³² Gas Delivery Date 2/15/17	³³ Test Date 3/3/17	³⁴ Test Length 24	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 1801
³⁷ Choke Size Open	³⁸ Oil 4107	³⁹ Water 6959	⁴⁰ Gas 7205		⁴¹ Test Method 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: 03/08/2017 Phone: 432-686-3689	OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i> Title: Petroleum Engineer Approval Date: <i>03/16/17</i>
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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.
NMNM122621

1a. Type of Well Oil Well Gas Well Dry Other
 b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr.
 Other _____

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

3. Address **P.O. BOX 2267 MIDLAND, TX 79702** 3a. Phone No. (include area code)
 Ph: **432.686.3689**

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
 At surface **SESE 9FSL 583FEL**
 At top prod interval reported below
Sec 2 T26S R34E Mer NMP
 At total depth **NESE 2426FSL 981FEL**

6. If Indian, Allottee or Tribe Name _____
 7. Unit or CA Agreement Name and No. _____

8. Lease Name and Well No. **WHIRLING WIND 11 FED COM 702H**
 9. API Well No. **30-025-42934**

10. Field and Pool, or Exploratory **WC-025 S253336D UPPER WC**
 11. Sec., T., R., M., or Block and Survey or Area **Sec 11 T26S R33E Mer NMP**

12. County or Parish **LEA** 13. State **NM**

14. Date Spudded **10/08/2016** 15. Date T.D. Reached **11/16/2016** 16. Date Completed
 D & A Ready to Prod. **02/15/2017**

17. Elevations (DF, KB, RT, GL)* **3340 GL**

18. Total Depth: MD **20072** TVD **12474** 19. Plug Back T.D.: MD **19444** TVD _____
 20. Depth Bridge Plug Set: MD _____ TVD _____

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)
NONE

22. Was well cored? No Yes (Submit analysis)
 Was DST run? No Yes (Submit analysis)
 Directional Survey? No 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	985		745		0	
9.875	7.625 P110	29.7	0	11748		4400		0	
6.750	5.500 P110	23.0	0	12175					
6.750	5.000 T95	23.2	12175	19981					
6.750	5.000 P110	23.2	19981	20070		1040			

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12365		12791 TO 19944	0.350	1902	PRODUCING
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
12791 TO 19944	18,693,245 LBS PROPPANT; 366,543 BBLs LOAD FLUID

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
02/15/2017	03/03/2017	24	→	4107.0	7205.0	6959.0	42.0		FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
OPEN	SI	1801.0	→				1754	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	
	SI		→						

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	855	1195	ANHYDRITE	RUSTLER	855
SALT	1195	4825	SALT	LAMAR	5100
LAMAR	5100	5128	LIMESTONE	BELL CANYON	5128
BONE SPRING LIME	9316	10255	LIMESTONE	BONE SPRING LIME	9316
1ST BS SAND	10255	10815	SANDSTONE	1ST BS SAND	10255
2ND BS SAND	10815	11890	SANDSTONE	2ND BS SAND	10815
3RD BS SAND	11890	12365	SANDSTONE	3RD BS SAND	11890
WOLFCAMP	12365		SHALE	WOLFCAMP	12365

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 #369058 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 03/08/2017

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.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.
NMNM122621

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
WHIRLING WIND 11 FED COM 702H ✓

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

9. API Well No.
30-025-42934

3a. Address
ATTN: STAN WAGNER P.O. BOX 2267
MIDLAND, TX 79702

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

10. Field and Pool or Exploratory Area
WC-025 S253336D UPPER WC

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 11 T26S R33E SESE 9FSL 583FEL

11. County or Parish, State
LEA COUNTY, 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"/> Hydraulic Fracturing	<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 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.

11/26/16 Prep well for completion. Perform pre-frac casing test to a max pressure of 11016 psi.
01/13/17 MIRU for completion. Begin 32 stage completion.
01/21/17 Finished perforating and frac.
Perforated 12791' - 19944', 0.35", 1902 holes.
Frac w/ 18,693,245 lbs proppant; 366,543 bbls load fluid.
02/13/17 RIH to drill out plugs and clean out well.
02/15/17 Opened well to flowback. First production.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #368036 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 02/23/2017

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.

(Instructions on page 2)

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