

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	HOBBS OCD State of New Mexico Energy, Minerals and Natural Resources RECEIVED APR 14 2017 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised August 1, 2011 1. WELL API NO. <div style="text-align: right; font-size: 1.2em;">30-025-43454</div> 2. Type of Lease <input checked="" type="checkbox"/> STATE <input 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

4. Reason for filing: <input checked="" 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 <div style="text-align: center;">NEPTUNE 10 STATE COM</div> 6. Well Number: <div style="text-align: center; font-size: 1.2em;">503H</div>
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7. Type of Completion:
 NEW WELL WORKOVER DEEPENING PLUGBACK DIFFERENT RESERVOIR OTHER

8. Name of Operator <div style="text-align: center;">EOG RESOURCES INC</div>	9. OGRID <div style="text-align: center;">7377</div>
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10. Address of Operator <div style="text-align: center;">PO BOX 2267 MIDLAND, TEXAS 79702</div>	11. Pool name or Wildcat <div style="text-align: center;">TRIPLE X; BONE SPRING</div>
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12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	N	10	24S	33E		330	SOUTH	2308	WEST	LEA
BH:	C	3	24S	33E		333	NORTH	2473	WEST	LEA

13. Date Spudded 11/25/2016	14. Date T.D. Reached 01/20/2017	15. Date Rig Released 01/24/2017	16. Date Completed (Ready to Produce) 04/01/2017	17. Elevations (DF and RKB, RT, GR, etc.) 3609 GR
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18. Total Measured Depth of Well MD 21157'	19. Plug Back Measured Depth TVD 11,236'	20. Was Directional Survey Made? 21044'	21. Type Electric and Other Logs Run YES	21. Type Electric and Other Logs Run None
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22. Producing Interval(s), of this completion - Top, Bottom, Name

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	1248'	17 1/2"	1126 Cl C/Circ	
7 5/8"	29.7	10600'	8 3/4"	793 CL C/TOC 800'TS	
5 1/2"	20	21144'	6 3/4"	1150 25/75 POZ/CIRC	

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

26. Perforation record (interval, size, and number) <div style="text-align: center;">11385-21044' 0.35", 2760 holes</div>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11385-21044'</td> <td>FRAC W/25.54mm lbs proppant, 570,518 bbls load</td> </tr> </tbody> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	11385-21044'	FRAC W/25.54mm lbs proppant, 570,518 bbls load
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED				
11385-21044'	FRAC W/25.54mm lbs proppant, 570,518 bbls load				

28. PRODUCTION

Date First Production 04/01/2017		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) <div style="text-align: center;">Flowing</div>			Well Status (<i>Prod. or Shut-in</i>) <div style="text-align: center;">Production</div>		
Date of Test 04/11/2017	Hours Tested 24	Choke Size 64/64	Prod'n For Test Period	Oil - Bbl 2820	Gas - MCF 3284	Water - Bbl. 6084	Gas - Oil Ratio 1165
Flow Tubing Press.	Casing Pressure 1383	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>) <div style="text-align: center;">42.0</div>	

29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) <div style="text-align: center;">SOLD</div>	30. Test Witnessed By
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31. List Attachments

C-102, 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 Kay Maddox	Title Regulatory Analyst	Date 04/13/17
E-mail Address kay_maddox@eogresources.com			

