

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 OGD State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 <div style="position: absolute; top: 0; left: 0; font-size: 2em; color: blue; opacity: 0.5;">RECEIVED</div> <div style="position: absolute; top: 0; left: 0; font-size: 1.5em; color: blue; opacity: 0.5;">SEP 13 2017</div>	Form C-105 Revised August 1, 2011
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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)	1. WELL API NO. <div style="text-align: right; font-size: 1.2em;">30-025-41671</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.

5. Lease Name or Unit Agreement Name <div style="text-align: right;">DATE BTB STATE COM</div>	
6. Well Number: <div style="text-align: right; font-size: 1.5em;">8H</div>	
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 <div style="text-align: center; font-size: 1.2em;">EOG RESOURCES INC</div>	
9. OGRID <div style="text-align: right; font-size: 1.2em;">7377</div>	
10. Address of Operator <div style="text-align: center; font-size: 1.2em;">PO BOX 2267 MIDLAND, TEXAS 79702</div>	
11. Pool name or Wildcat <div style="text-align: center;">BERRY; BONE SPRING, NORTH</div>	

12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	A	14	21S	33E		15	NORTH	680	EAST	LEA
BH:	P	14	21S	33E		320	SOUTH	681	EAST	LEA

13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released	16. Date Completed (Ready to Produce)	17. Elevations (DF and RKB, RT, GR, etc.)
07/20/2014	11/13/2014	11/16/2014	08/26/2017	3791' GR

18. Total Measured Depth of Well	19. Plug Back Measured Depth	20. Was Directional Survey Made?	21. Type Electric and Other Logs Run
MD 15,637' TVD 10,980'	MD 15,595' TVD 10,980'	YES	None

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"	48# J55	1892'	17 1/2"	1000 CI C/SURF	
9 5/8"	36# J55	5645'	12 1/4"	1470 CL C/CIRC	
5 1/2"	17# HCP-110	15632'	8 3/4"	2030 CL C/ETOC 2922'	

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

26. Perforation record (interval, size, and number)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.
11070-15595' 3 1/8" 1248 holes	DEPTH INTERVAL
	AMOUNT AND KIND MATERIAL USED
	11070-15595' Frac w/10,662,040 lbs proppant; 179,226 bbls load fld

28. PRODUCTION							
Date First Production		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>)			Well Status (<i>Prod. or Shut-in</i>)		
08/26/2017		FLOWING			PRODUCING		
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
09/05/2017	24	128		1762	1326	3840	753
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>)	
	295					37	

29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>)	30. Test Witnessed By
SOLD	

31. List Attachments C-102, C-103, C-104, Directional Survey, As-Completed plat

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	Title
	Kay Maddox	Regulatory Analyst
E-mail Address	Date	
kay_maddox@eogresources.com	09/12/17	

