

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> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised August 1, 2011									
		1. WELL API NO. <b>30-025-43783</b>									
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN									
		3. State Oil & Gas Lease No.									
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>											
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>GEM 36 STATE COM</b>									
		6. Well Number: <b>704H</b>									
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 <b>EOG RESOURCES INC</b>		9. OGRID <b>7377</b>									
10. Address of Operator <b>PO BOX 2267 MIDLAND, TEXAS 79702</b>		11. Pool name or Wildcat <b>WC-025 G-09 S253236A; UPPER WOLFCAMP</b>									
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
Surface:	B	36	25S	32E		330	NORTH	2007	EAST	LEA	
BH:	O	36	25S	32E		230	SOUTH	2348	EAST	LEA	
13. Date Spudded <b>08/17/2017</b>	14. Date T.D. Reached <b>09/04/2017</b>	15. Date Rig Released <b>09/07/2017</b>		16. Date Completed (Ready to Produce) <b>10/30/2017</b>		17. Elevations (DF and RKB, RT, GR, etc.) <b>3422' GR</b>					
18. Total Measured Depth of Well <b>MD 17,043 TVD 12,356'</b>		19. Plug Back Measured Depth <b>MD 16,932' TVD 12,356'</b>		20. Was Directional Survey Made? <b>YES</b>		21. Type Electric and Other Logs Run <b>None</b>					
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>WOLFCAMP 12,523-16,932'</b>											
<b>23. CASING RECORD (Report all strings set in well)</b>											
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
10 3/4"		40.5# J-55		1007'		14 3/4"		800 SXS CL C/CIRC			
7 5/8"		29.7# ECP-110		11,605'		8 3/4"		4470 SXS CL C & H/CIRC			
5 1/2"		20# HCP-110		17,041'		6 3/4"		605 SXS CL H ETOC		10,500'	
<b>24. LINER RECORD</b>											
SIZE	TOP	BOTTOM		SACKS CEMENT	SCREEN		<b>25. TUBING RECORD</b>				
							SIZE	DEPTH SET	PACKER SET		
26. Perforation record (interval, size, and number) <b>12,523-16,932' 3 1/8" 1264 holes</b>						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
						<b>12,523-16,932'</b>		<b>Frac w/11,242,939 lbs proppant; 188,600 bbls load fld</b>			
<b>28. PRODUCTION</b>											
Date First Production <b>10/30/2017</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>					
Date of Test <b>11/03/2017</b>	Hours Tested <b>24</b>	Choke Size <b>48</b>	Prod'n For Test Period	Oil - Bbl <b>1640</b>	Gas - MCF <b>4000</b>	Water - Bbl. <b>7000</b>	Gas - Oil Ratio <b>2439</b>				
Flow Tubing Press.	Casing Pressure <b>1788</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> ) <b>44</b>					
29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) <b>SOLD</b>								30. Test Witnessed By			
31. List Attachments <b>C-102, C-103, C-104, Directional Survey, As-Completed plat</b>											
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>Kay Maddox</b>		Title	<b>Regulatory Analyst</b>		Date	<b>11/07/17</b>
E-mail Address	<b>kay_maddox@eogresources.com</b>										

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