

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 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505					<b>Form C-105</b> Revised August 1, 2011			
		HOBBBS OGD DEC 18 2018 RECEIVED					1. WELL API NO. <div style="text-align: right; font-weight: bold; font-size: 1.2em;">30-025-44971</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.			
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 <div style="text-align: center; font-weight: bold;">SAVAGE 2 STATE COM</div>				
						6. Well Number: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">101H</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-weight: bold;">EOG RESOURCES INC</div>						9. OGRID <div style="text-align: center; font-weight: bold;">7377</div>				
10. Address of Operator <div style="text-align: center; font-weight: bold;">PO BOX 2267 MIDLAND, TEXAS 79702</div>						11. Pool name or Wildcat <div style="text-align: center; font-weight: bold;">WC025 G07 S243225C; LOWER BONE SPRING</div>				
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
<b>Surface:</b>	D	2	25S	32E		616'	NORTH	376'	WEST	LEA
<b>BH:</b>	M	2	25S	32E		117'	SOUTH	349'	WEST	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.)		
09/06/2018	10/03/2018	10/04/2018			11/18/2018			3513' 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 13,933    TVD 9,113'		MD 13,880'    TVD 9,113'			YES		None			
22. Producing Interval(s), of this completion - Top, Bottom, Name						BONE SPRING 9350-13,880'				
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# J-55		1,049'		17 1/2"		925 SXS CL C/CIRC		
9 5/8"		40# J-55		4,758'		12 1/4"		1360 SXS CL C/CIRC		✓
5 1/2"		20 ICPY -110		13,918'		8 3/4"		2055 SXS CL C & H		6296' CBL
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.				
9,350-13,880'    3 1/8" 963 holes						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						9,350-13,880'		Frac w/ 11,954,695 Lbs proppant; 199,071 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> )				
11/18/2018		FLOWING				PRODUCING				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
12/04/2018	24	64		1883	5178	2858	2750			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )				
	715					44				
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>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</i>										
Signature <i>Kay Maddox</i>			Printed Name Kay Maddox			Title Regulatory Analyst			Date 12/17/2018	
E-mail Address kay_maddox@eogresources.com										

