

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	<b>Form C-105</b> Revised August 1, 2011								
		1. WELL API NO. <b>30-025-45372</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</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>CARAVAN 28 STATE COM</b>								
		6. Well Number: <b>703H</b>								
7. Type of Completion: <input checked="" type="checkbox"/> <b>NEW WELL</b> <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>WC025 G09 S243336I; 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:	C	28	24S	33E		483'	NORTH	1411'	WEST	LEA
BH:	N	33	24S	33E		110'	SOUTH	1498'	WEST	LEA
13. Date Spudded <b>12/20/2018</b>	14. Date T.D. Reached <b>01/15/2019</b>	15. Date Rig Released <b>01/18/2019</b>		16. Date Completed (Ready to Produce) <b>03/13/2019</b>		17. Elevations (DF and RKB, RT, GR, etc.) <b>3525' GR</b>				
18. Total Measured Depth of Well <b>MD 22,689' TVD 12,496'</b>		19. Plug Back Measured Depth <b>MD 22,687' TVD 12,496'</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 12,650 - 22,687'</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					
9 5/8"	40# J-55	1,298'	12 1/4"	670 SXS CL C/CIRC						
7 5/8"	29.7# HCP -110	11,826'	8 3/4"	790 SXS CL C/TOC	@ 1500' CALC					
5 1/2"	20# ICYP 110	22,678'	6 3/4"	1050 SXS CL/H TOC	@ 9,896' CBL					
<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>12,650 - 22,687' 3 1/8" 1980 holes</b>				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED <b>12,650 - 22,687'    Frac w/ 24,702,250 lbs proppant; 384,893 bbls load fld</b>						
<b>28. PRODUCTION</b>										
Date First Production <b>03/13/2019</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>03/18/2019</b>	Hours Tested <b>24</b>	Choke Size <b>64</b>	Prod'n For Test Period	Oil - Bbl <b>4608</b>	Gas - MCF <b>8290</b>	Water - Bbl. <b>6816</b>	Gas - Oil Ratio <b>1799</b>			
Flow Tubing Press.	Casing Pressure <b>2448</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> ) <b>43</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	<b>Kay Maddox</b>		Printed Name	<b>Kay Maddox</b>		Title	<b>Regulatory Analyst</b>		Date	<b>04/10/2019</b>
E-mail Address	<b>kay_maddox@eogresources.com</b>									

HOBS OGD  
 APR 12 2019  
 RECEIVED

