

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	State of New Mexico Energy, Minerals and Natural Resources <b>HOBBBS OCD</b> Oil Conservation Division 1220 South St. Santa Fe, NM 87505 <b>RECEIVED</b> JUL 26 2019	Form C-105 Revised August 1, 2011								
1. WELL API NO. <span style="float: right;">30-025- 45635</span>										
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</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 <span style="float: right;">NEPTUNE 10 STATE COM</span>										
6. Well Number: <span style="float: right;">202H</span>										
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 <span style="float: right;">EOG RESOURCES INC</span>										
9. OGRID <span style="float: right;">7377</span>										
10. Address of Operator <span style="float: right;">PO BOX 2267 MIDLAND, TEXAS 79702</span>										
11. Pool name or Wildcat <span style="float: right;">TRIPLE X; BONE SPRING</span>										
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		234'	SOUTH	1324'	WEST	LEA
BH:	C	3	24S	33E		110'	NORTH	1621'	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.)				
03/22/2019	04/12/2019	04/14/2019		07/11/2019		3610' 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 20,156' TVD 9,983'		MD 20,156' TVD 9,983'		YES		None				
22. Producing Interval(s), of this completion - Top, Bottom, Name		BONE SPRING 10,202 - 20,156'								
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED					
13 3/8"	54.5# J-55	1,424'	17 1/2"	1410 SXS CL C/CIRC						
9 5/8"	40# J-55	5,129'	12 1/4"	1580 SXS CL C&H/CIRC						
5 1/2"	20# ICYP 110	20,141'	8 3/4"	2920 SXS CL/C&H TOC @ 6280' 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)				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.						
10,202 - 20,156' 3 1/8" 2414 holes				DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED				
				10,202 -20,156'		Frac w/ 23,668,070 lbs proppant; 601,133 bbls load fld				
<b>28. PRODUCTION</b>										
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)				
07/11/2019		FLOWING				PRODUCING				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
07/20/2019	24	128		1043	1889	6289	1810			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
	438					46				
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						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 <i>Kay Maddox</i>		Printed Name Kay Maddox		Title Regulatory Analyst			Date 07/23/2019			
E-mail Address kay_maddox@eogresources.com										

