

Submit To Appropriate District Office Two Copies <b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 <b>District II</b> 811 S. First St., Artesia, NM 88210 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 <b>District IV</b> 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>HOBBS OCD</b> <b>Oil Conservation Division</b> 1220 South St. Santa Fe, NM 87505 Santa Fe, NM 87505 <span style="color: red; font-weight: bold;">AUG 05 2019</span>	<b>Form C-105</b> Revised August 1, 2011								
<b>WELL COMPLETION OR RECOMPLETION REPORT</b>		1. WELL API NO. <b>30-025- 45628</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)		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.								
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		5. Lease Name or Unit Agreement Name <b>HEARNS 34 STATE COM</b> 6. Well Number: <b>503H</b>								
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>TRISTE DRAW; BONE SPRING, EAST</b>								
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	N	34	24S	33E		852'	SOUTH	1777'	WEST	LEA
BH:	C	27	24S	33E		144'	NORTH	2254'	WEST	LEA
13. Date Spudded <b>04/05/2019</b>	14. Date T.D. Reached <b>05/08/2019</b>	15. Date Rig Released <b>05/11/2019</b>		16. Date Completed (Ready to Produce) <b>07/15/2019</b>		17. Elevations (DF and RKB, RT, GR, etc.) <b>3459' GR</b>				
18. Total Measured Depth of Well <b>MD 21,073' TVD 10,817'</b>		19. Plug Back Measured Depth <b>MD 21,056' TVD 10,817'</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>BONE SPRING 11,146 -21,056'</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
13 3/8"		54.5# J-55		1,274'		17 1/2"		1165 SXS CL C/CIRC		
9 5/8"		36# J-55		5,083'		12 1/4"		1640 SXS CL C/CIRC		
5 1/2"		20# ICYP 110		21,058'		8 3/4"		2700 SXS CL/H TOC @ 7675' 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>11,146 - 21,056'    3 1/8" 2101 holes</b>					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL    AMOUNT AND KIND MATERIAL USED <b>11,146 -21,056'    Frac w/25,330,049 lbs proppant; 358,926 bbls load fld</b>					
<b>28. PRODUCTION</b>										
Date First Production <b>07/15/2019</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>07/24/2019</b>	Hours Tested <b>24</b>	Choke Size <b>64</b>	Prod'n For Test Period	Oil - Bbl <b>2246</b>	Gas - MCF <b>3002</b>	Water - Bbl. <b>4811</b>	Gas - Oil Ratio <b>1337</b>			
Flow Tubing Press.	Casing Pressure <b>714</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>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 <b>Kay Maddox</b>		Printed Name <b>Kay Maddox</b>			Title <b>Regulatory Analyst</b>			Date <b>08/01/2019</b>		
E-mail Address <b>kay_maddox@eogresources.com</b>										

