

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 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 <div style="position: absolute; top: 0; right: 0; font-size: 2em; opacity: 0.5;">HOBBS OGD</div> <div style="position: absolute; top: 10%; left: 50%; transform: translate(-50%, -50%); font-size: 1.5em; opacity: 0.5;">SEP 09 2019</div> <div style="position: absolute; top: 15%; left: 40%; font-size: 2em; opacity: 0.5;">RECEIVED</div>	Form C-105 Revised August 1, 2011									
1. WELL API NO. 30-025- 45755		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN									
3. State Oil & Gas Lease No.		5. Lease Name or Unit Agreement Name LOMAS ROJAS 26 STATE COM									
WELL COMPLETION OR RECOMPLETION REPORT AND LOG		6. Well Number: 505H									
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (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)		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 EOG RESOURCES INC		9. OGRID 7377									
10. Address of Operator PO BOX 2267 MIDLAND, TEXAS 79702		11. Pool name or Wildcat RED HILLS; LOWER BONE SPRING									
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
Surface:	D	26	25S	33E		720'	NORTH	950'	WEST	LEA	
BH:	M	26	25S	33E		109'	SOUTH	1019'	WEST	LEA	
13. Date Spudded 04/04/2019	14. Date T.D. Reached 04/25/2019	15. Date Rig Released 04/27/2019		16. Date Completed (Ready to Produce) 08/01/2019		17. Elevations (DF and RKB, RT, GR, etc.) 3337' GR					
18. Total Measured Depth of Well MD 15,717' TVD 10,827'		19. Plug Back Measured Depth MD 15,686' TVD 10,827'		20. Was Directional Survey Made? YES		21. Type Electric and Other Logs Run None					
22. Producing Interval(s), of this completion - Top, Bottom, Name BONE SPRING 11,100 - 15,686"											
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		1,195'		17 1/2"		1030 SXS CL C/CIRC			
9 5/8"		40# J-55		4,957'		12 1/4"		1327 SXS CL H/CIRC			
5 1/2"		20# ICYP -110		15,702'		8 3/4"		2215 SXS CL/H TOC @ 3212' OBL			
24. LINER RECORD											
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	25. TUBING RECORD						
					SIZE	DEPTH SET	PACKER SET				
26. Perforation record (interval, size, and number) 11,100 - 15,686' 3 1/8" 945 holes					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 11,100 - 15,686' Frac w/11,703,953 lbs proppant; 190,531 bbls load fld						
28. PRODUCTION											
Date First Production 08/01/2019		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) FLOWING				Well Status (<i>Prod. or Shut-in</i>) PRODUCING					
Date of Test 08/04/2019	Hours Tested 24	Choke Size 64	Prod'n For Test Period	Oil - Bbl 2079	Gas - MCF 3397	Water - Bbl. 5814	Gas - Oil Ratio 1634				
Flow Tubing Press.	Casing Pressure 1313	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>) 45					
29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) SOLD							30. Test Witnessed By				
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 Kay Maddox		Printed Name Kay Maddox		Title Regulatory Analyst			Date 09/06/2019				
E-mail Address kay_maddox@egoresources.com											

