

District I  
1625 N. French Dr., Hobbs, NM 88240

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-104  
Revised August 1, 2011

District II 811 S. First St., Artesia, NM 88210

**HOBBS OCO**

District III 1000 Rio Brazos Rd., Aztec, NM 87410

Oil Conservation Division **SEP 20 2019** Submit one copy to appropriate District Office

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

1220 South St. Francis  
Santa Fe, NM 87505

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address EOG RESOURCES INC PO BOX 2267 MIDLAND, TX 79702		<sup>2</sup> OGRID Number 7377
		<sup>3</sup> Reason for Filing Code/ Effective Date NW 08/16/2019
<sup>4</sup> API Number 30 - 025-45980	<sup>5</sup> Pool Name WC025 G09 S243336I; UPPER WOLFCAMP	<sup>6</sup> Pool Code 98092
<sup>7</sup> Property Code 39126	DILLON 31 FEDERAL COM	<sup>9</sup> Well Number 705H

**II. <sup>10</sup> Surface Location**

UL or lot no. P	Section	Township	Range	Lot Idn	Feet from the	North/South	Feet from the	East/West line	County
	31	24S	34E		284'	SOUTH	575'	EAST	LEA

<sup>11</sup> Bottom Hole Location

UL or lot no. I	Section	Township	Range	Lot Idn	Feet from the	North/South	Feet from the	East/West line	County
	30	24S	34E		2524'	SOUTH	931'	EAST	LEA

<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code FLOWING	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
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**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
372812	EOGRM	OIL
151618	ENTERPRISE FIELD SERVICES	GAS
298751	REGENCY FIELD SRVICES, LLC	GAS
36785	DCP MIDSTREAM	GAS

**IV. Well Completion Data**

<sup>21</sup> Spud Date 06/24/2019	<sup>22</sup> Ready Date 08/16/2019	<sup>23</sup> TD 19,975'	<sup>24</sup> PBDT 19,948'	<sup>25</sup> Perforations 12,377-19,948'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
12 1/2"	9 5/8"	1,340'	715 SXS CL C/CIRC		
8 3/4"	7 5/8"	11,692'	1439 SXS CL C/SURF		
6 3/4"	5 1/2"	19,960'	735 SXS CL H/TOC 6850' CBL		

**V. Well Test Data**

<sup>31</sup> Date New Oil 08/16/2019	<sup>32</sup> Gas Delivery Date 08/16/2019	<sup>33</sup> Test Date 08/21/2019	<sup>34</sup> Test Length 24HRS	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure 2583
<sup>37</sup> Choke Size 60	<sup>38</sup> Oil 3437 BOPD	<sup>39</sup> Water 7733 BWPD	<sup>40</sup> Gas 7535 MCFPD		<sup>41</sup> Test Method

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Kay Maddox</i>		OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i>	
Printed name: Kay Maddox		Title: L.M.	
Title: Regulatory Analyst		Approval Date: 9/24/2019	
E-mail Address: Kay_Maddox@eogresources.com			
Date: 09/19/2019	Phone: 432-686-3658		

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator EOG RESOURCES, INC			Contact: KAY MADDOX E-Mail: KAY_MADDOX@EOGRESOURCES.COM		
3. Address PO BOX 2267 MIDLAND, TX 79702			3a. Phone No. (include area code) Ph: 432-686-3658		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SESE 284FSL 575FEL 32.167573 N Lat, 103.502301 W Lon At top prod interval reported below SESE 229FSL 921FEL 32.167421 N Lat, 103.503419 W Lon At total depth NESE 2524FSL 931FEL 32.188223 N Lat, 103.503468 W Lon			8. Lease Name and Well No. DILLON 31 FEDERAL COM 705H		
14. Date Spudded 06/24/2019			15. Date T.D. Reached 07/09/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 08/16/2019			9. API Well No. 30-025-45980		
18. Total Depth: MD 19975 TVD 12252			19. Plug Back T.D.: MD 19948 TVD 12252		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory WC025G09S2433361;UP WOLCA		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)			11. Sec., T., R., M., or Block and Survey or Area Sec 31 T24S R34E Mer NMP		
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)			12. County or Parish LEA		
Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)			13. State NM		
Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			17. Elevations (DF, KB, RT, GL)* 3432 GL		

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.500	9.625 J55	40.0		1340		715		0	
8.750	7.625 ECP-110	29.7		11692		1439		0	
6.750	5.500 ICYP110	20.0		19960		735		6850	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12377	19948	12377 TO 19948	3.250	1624	OPEN
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
12377 TO 19948	18,800,109 LBS PROPPANT; 292,531 BBLs LOAD FLUID

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
08/16/2019	08/21/2019	24	→	3437.0	7535.0	7733.0	39.0		FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
60	SI	2583.0	→				2192	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #483919 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)  
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
RUSTLER	1141		BARREN	RUSTLER	1141
T/SALT	1617		BARREN	T/SALT	1617
B/SALT	4995		OIL & GAS	B/SALT	4995
BRUSHY CANYON	7851		OIL & GAS	BRUSHY CANYON	7851
1ST BONE SPRING SAND	10228		OIL & GAS	1ST BONE SPRING SAND	10228
2ND BONE SPRING SAND	10859		OIL & GAS	2ND BONE SPRING SAND	10859
3RD BONE SPRING SAND	11883		OIL & GAS	3RD BONE SPRING SAND	11883
WOLFCAMP	12296		OIL & GAS	WOLFCAMP	12296

32. Additional remarks (include plugging procedure):  
PLEASE REFERENCE ATTACHMENTS

33. Circle enclosed attachments:

1. Electrical/Mechanical Logs (1 full set req'd.)
2. Geologic Report
3. DST Report
4. Directional Survey
5. Sundry Notice for plugging and cement verification
6. Core Analysis
- 7 Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #483919 Verified by the BLM Well Information System.  
For EOG RESOURCES, INC, sent to the Hobbs

Name (please print) KAY MADDOX Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 09/18/2019

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**HOBBS OCD**  
SEP 20 2019  
**RECEIVED**

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM028881
2. Name of Operator EOG RESOURCES, INC		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 2267 ATTENTION; KAY MADDOX MIDLAND, TX 79702		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-686-3658		8. Well Name and No. DILLON 31 FEDERAL COM 705H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T24S R34E Mer NMP SESE 284FSL 575FEL 32.167573 N Lat, 103.502301 W Lon		9. API Well No. 30-025-45980
		10. Field and Pool or Exploratory Area WC025G09S243336I;UP WOLF C
		11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Production Start-up
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

07/10/2019 RIG RELEASED  
07/26/2019 MIRU PREP TO FRAC, TEST VOID 5000 PSI,SEALS & FLANGES TO 8500 PSI  
08/01/2019 BEGIN PERF & FRAC  
08/11/2019 FINISH 27 STAGES PERF & FRAC 12,377-19,948', 1624 3 1/8" SHOTS FRAC W/18,800,109 LBS PROPPANT, 292,531 BBLS LOAD FLUID  
08/15/2019 DRILLED OUT PLUGS AND CLEAN OUT WELLBORE  
08/16/2019 OPENED WELL TO FLOWBACK  
DATE OF FIRST PRODUCTION

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #483802 verified by the BLM Well Information System For EOG RESOURCES, INC, sent to the Hobbs</b>	
Name (Printed/Typed) KAY MADDOX	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 09/18/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



EOG Resources, Inc.  
P.O. Box 2267  
Midland, TX 79702  
(432) 686-3600

September 11, 2019

State of New Mexico  
Oil Conservation Division – District 1  
1625 N. French Drive  
Hobbs, New Mexico 88240

HO  
SEP 20 2019  
RECEIVED

Re: Request for exception to Rule 107 J  
Tubingless Completion  
DILLON 31 FEDERAL COM #705H

EOG Resources, Inc. requests an exception to NMOCD Rule 107 J regarding required production tubing. EOG requests a tubingless completion for the well listed above to allow greater flowback after frac stimulation.

The plan is to install production tubing as soon as flow decreases, which should occur within 6 months.

Thank you for your consideration of this request. If additional information is needed, please contact me at 432 686-3658.

Sincerely,

EOG Resources, Inc.

A handwritten signature in black ink that reads "Kay Maddox".

Kay Maddox  
Regulatory Analyst