

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 81 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 Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505				Form C-105 Revised August 1, 2011					
		HOBBBS SEP 25 2019 RECEIVED				1. WELL API NO. <div style="text-align: right; font-weight: bold;">30-025- 45695</div>					
				2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN		3. State Oil & Gas Lease No.					
WELL COMPLETION OR RECOMPLETION REPORT AND LOG											
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)				5. Lease Name or Unit Agreement Name <div style="text-align: center; font-weight: bold;">SAVAGE 2 STATE COM</div>		6. Well Number: <div style="text-align: center; font-weight: bold;">508H</div>					
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 <div style="text-align: center; font-weight: bold;">EOG RESOURCES INC</div>				9. OGRID <div style="text-align: center; font-weight: bold;">7377</div>							
10. Address of Operator <div style="text-align: center; font-weight: bold;">PO BOX 2267 MIDLAND, TEXAS 79702</div>				11. Pool name or Wildcat <div style="text-align: center; font-weight: bold;">WC025 G07 S243225C; LOWER BONE SPRINGS</div>							
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	
Surface:	A	02	25S	32E		496'	NORTH	1233'	EAST	LEA	
BH:	P	02	25S	32E		112'	SOUTH	453'	EAST	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.)					
04/09/2019	04/20/2019	04/22/2019		08/30/2019		3542' 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 15,653'		TVD 10,659'		MD 15,621' TVD 10,659'		YES		None			
22. Producing Interval(s), of this completion - Top, Bottom, Name				BONE SPRING 10,870 - 15,621'							
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	1,073'	17 1/2"	940 SXS CL C/CIRC							
9 5/8"	40# J-55	4,900'	12 1/4"	1470 SXS CL C/TOC	33' CALC						
5 1/2"	20# ICYP -110	15,638'	8 3/4"	805 SXS CL H/TOC	@ 3704' CBL						
24. LINER RECORD											
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN							
26. Perforation record (interval, size, and number)					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.						
10,870 - 15,621' 3 1/8" 945 holes					DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED				
					10,870-15,621'		Frac w/12,135,087 lbs proppant; 191,614 bbls load fld				
28. PRODUCTION											
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)					
08/30/2019		FLOWING				PRODUCING					
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio				
09/04/2019	24	98		1924	2959	8530	1538				
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)					
	676					43					
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	Printed Name			Title	Date						
	Kay Maddox			Regulatory Analyst	09/23/2019						
E-mail Address kay_maddox@eogresources.com											

