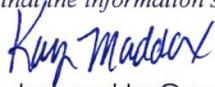


Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised August 1, 2011								
1. WELL API NO. <span style="float: right;">30-025-46272 ✓</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 AND LOG</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;">YARROW 32 STATE ✓</span>										
6. Well Number: <span style="float: right;">201H ✓</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:	P	32	23S	33E		454'	SOUTH	468'	EAST	LEA ✓
BH:	A	32	23S	33E		111'	NORTH	499'	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.)		3667' GR		
08/13/2019	09/15/2019	09/16/2019		12/17/2019						
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run		None		
MD 14,889'		TVD 9,897'		MD 14,889' TVD 9,897'		YES				
22. Producing Interval(s), of this completion - Top, Bottom, Name		BONE SPRING 10,078 - 14,889'								
<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	1,525'	17 1/2"	1450 SXS CL C/CIRC						
9 5/8"	40# J-55	5,261'	12 1/4"	1790 SXS CL C/CIRC						
5 1/2"	20# ECP-110	14,889'	8 3/4"	2945 SXS CL C&H/TOC	150' 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.						
10,078 - 14,889'    3 1/8" 1026 holes				DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED				
				10,078 - 14,889'		Frac w/ 11,918,581 lbs proppant; 300,242 bbls load fld				
<b>28. PRODUCTION</b>										
Date First Production		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )				Well Status ( <i>Prod. or Shut-in</i> )				
12/17/2019		FLOWING				PRODUCING				
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
12/21/2019	24	128		3017	4119	5651	1365			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )				
	798					45				
29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> )						30. Test Witnessed By				
SOLD										
31. List Attachments <span style="float: right;">C-102, C-103, C-104, Directional Survey, As-Completed plat, C-145, HZP</span>										
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	Printed Name			Title			Date			
	Kay Maddox			Senior Regulatory Specialist			01/14/2020			
E-mail Address	kay_maddox@eogresources.com									

