Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies District I

1625 N. French, Hobbs, NM 88240 District II

811 South First, Artesia, NM 87210 District III

Signature

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

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Davisad	A	Anr.	ch	25	1000

30-025-37529	
5. Indicate Type Of Lease	
COLVADO. 20 DOD	

			ron	n C-103			
			Revised Marc	h 25, 1999			
V	VELL AF	I NO.					
l	30-025-	37529					
5.		Type Of I	ease				
L	STA	TE X	FEE				
6	. State C	il & Gas L	ease No.				
7	Lease Nai	me or Unit As	greement Name	***********************			
İ		`					
	Silverh	eels 11 S	tate Com				
8	. Well No.						
	1						
9	. Pool name	e or Wildcat					
	Wildcat	Mississi	ppian (Gas)				
170	Foot	From The	West	Line			
.,,	reet	riom the _	resc.	Line			
NMPM Lea County							
F&	RKB, RT,	GR, etc.)	14. Elev. Casing	head			
	Rotary	Fools	Cable Tools				
	х						
		20. Was Di	rectional Survey N	1ade			

 $_{Title}$  Regulatory Analyst $_{Date}$ 

3/22/06

	,											
WELL COMPLETION OR RECOMPLETION REPORT AND LOG												
Ia. Type of Well: OIL WELL GAS WELL DRY X OTHER												
b. Type of Completic NEW WOR WELL WOR		EEPEN PLU	IG □ D	IFF. ESVR. D C	THER				Silver	meels 11 9	State Com	
2. Name of Operator 8. Well No.												
EOG Resource  3. Address of Operato									Pool name or Wildcat			
P.O. Box 226		nd. Texas 7	79702							Mississ:	innian (G	ag)
4. Well Location	, , , , , , , , , , , , , , , , , , , ,	, 10.2.2	7,02					1	WIII	· ····································	ippiai (o	
Unit Letter_	:	<b>695</b> Feet	From The	Sout	<u>h</u>	Line	and	147	<b>0</b> Fee	t From The	Wes	Line
Section 11		To	wnship 125		Range	35E		NN	<b>ИРМ</b>	Lea	L	County
10. Date Spudded <b>12/05/05</b>	1	T.D. Reached 8/06	12. Date Co	ompl. (Ready t	o Prod.)	13		tions (DF <b>'7 GR</b>	& RKB, RT	GR, etc.)	14. Elev. C	asinghead
15. Total Depth <b>14150</b>	10	6. Plug Back T.D	. 1	7. If Multiple Many Zon	Compl.	How	18. I Drille	ntervals ed By	Rotary	Tools	Cable Tool	s
19. Producing Interva	l(s), of this	completion - Top,	Bottom, Nam	e						20. Was D	irectional Surv	ey Made
21. Type Electric and	Other Logs	Run							22. Was	Well Cored	-	
23.		CAS	ING REC	ORD (Re	port al	l string	s set i	n well)				
CASING SIZE	WI	EIGHT LB./FT.	DEPT	H SET	HC	LE SIZE	3	C	CEMENTING RECORD AMOUNT PULLED			
11 3/4	42		490		14 3	/4		345 C	Class C 0			
8 5/8	32		4482		11		1200 50:50 POZ,			z, 300 C	0	
			ļ									
			<u> </u>									
								T				
24.	TOD		ER RECO	1	A CENTE	CODER		25.		UBING RE		DACKED SET
SIZE	TOP	BOT	IOM	SACKS CE	MENI	SCREE	IN	SIZ	E / h	DEPTH	251 62	PACKER SET
				<b>}</b>					3.4		14 W	
26 Porforation reasons	l (intorval a	ica and number)				127 44	CID CI	IOT ED	Å ÖTTIÐIR	CÉMENT,		rc.
26. Perforation record	i (iiitei vai, s	ize, and number)								EEMENT:		
									(:)	Ø		2 (022
									100		1,00	
	_									<u> </u>	%>/	
28.		· •		PRODUC					·			
Date First Production		Production Me	thod (Flowin	g, gas lift, pw	nping - S	Size and t	ype pum	p)		- 1	atus ( <i>Prod. or</i> 1/30/06	· Shut-in)
Date of Test	Hours	Tested	Choke Size	Prod'n Fo Test Perio		Oil - Bbl.		Gas - M	CF W	ater - Bbl.	Gas - Oi	l Ratio
Flow Tubing Press.	Casing		Calculated 24- Hour Rate	Oil - Bbl.		Gas -	MCF	Wat	er - Bbl.	Oil Gra	vity - API -(C	Corr.)
29. Disposition of Gas (Sold, used for fuel, vented, etc.)  Test Witnessed By												
30. List Attachments									I		Vna	_
31. I hereby certify	that the in	formation show	on both sid	es of this for	m is tru	e and co	mplete	to the be	st of my kn	owledge and	pelief	
$\mathcal{A}$	- 1	. ]		Printed						1		

Stan Wagner

Name

## **INSTRUCTIONS**

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northeastern New Mexico

T. Salt			T. Strawn 11 T. Atoka 11 T. Atoka 11 T. Atoka 12 T. Miss 12 T. Devonian 13 T. Silurian 15 T. Montoya 12 T. Simpson 17 T. McKee 17 T. Ellenburger 17 T. Gr. Wash 15 T. Delaware Sand 17 T. Bone Springs 11	T. Strawn				T. Penn. "C" T. Penn. "D" T. Leadville T. Madison T. Elbert T. McCracken T. Ignacio Otzte T. Granite T. T.
T. Wolfc	amp	946	<u>60</u> T		T. Chinle	·		T
		1040						T
No. 1, fr	om		0 Tto		No. 3,	from		OIL OR GAS SANDS OR ZONES
No. 1, fro No. 2, fro	om		IMPORTA  Inflow and elevation to which wate  to  to  to  to  ITHOLOGY RECO	er rose	in hole.	 - <b></b>	feet feet	
From	То	Thickness in Feet	Lithology		From	То	Thickness in Feet	Lithology