

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED  
OMB NO. 1004-0137  
Expires March 31, 2007

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										5 Lease Serial No <b>LC064944</b>	
b. Type of Completion. <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff.Resvr, Other										6. If Indian, Allottee or Tribe Name	
2 Name of Operator <b>EOG Resources Inc.</b>										7. Unit or CA Agreement Name and No	
3. Address <b>P.O. Box 2267 Midland TX 79702</b>						3a. Phone No. (include area code) <b>432 686 3689</b>		8. Lease Name and Well No. <b>Federal MA No. 8</b>			
4 Location of Well (Report location clearly and in accordance with Federal requirements)* At surface <b>2062' FNL &amp; 769' FEL</b>  At top prod interval reported below  At total depth										9. API Well No. <b>30-025-31492</b>	
										10 Field and Pool, or Exploratory <b>Corbin; South, BS &amp; Wolfcamp</b>	
										11 Sec., T, R., M., or Block and Survey or Area <b>Sec 21, T18S, R33E</b>	
										12. County or Parish <b>Lea</b>	
										13 State <b>NM</b>	
14. Date Spudded <b>WO 7/24/07</b>		15. Date T.D. Reached <b>7/28/07</b>		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. <b>7/28/07</b>		17. Elevations (DF, RKB, RT, GL)* <b>3857 KB</b>					
18. Total Depth. MD TVD <b>11540</b>			19. Plug Back T.D. MD TVD <b>11309</b>			20. Depth Bridge Plug Set: MD TVD					
21 Type Electric & Other Mechanical Logs Run (Submit copy of each)						22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)					
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		
<b>17 1/2</b>	<b>13 3/8</b>	<b>48</b>		<b>416</b>		<b>425</b>		<b>Surface</b>			
<b>12 1/4</b>	<b>8 5/8</b>	<b>28</b>		<b>2928</b>		<b>1350</b>		<b>Surface</b>			
<b>7 7/8</b>	<b>5 1/2</b>	<b>17</b>		<b>11540</b>		<b>925</b>		<b>1812 CBL</b>			
24. Tubing Record											
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)			
<b>2 7/8</b>	<b>11345</b>										
25. Producing Intervals					26. Perforation Record						
Formation		Top	Bottom	Perforated Interval		Size	No. Holes	Perf. Status			
A) <b>Bone Spring</b>		<b>8600</b>		<b>8600 - 9560</b>				<b>Producing</b>			
B) <b>Wolfcamp</b>		<b>10264</b>		<b>10264 - 11228</b>				<b>Producing</b>			
C)											
D)											
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.											
Depth Interval		Amount and Type of Material									
28. Production - Interval A											
Date First Produced <b>7/28/07</b>	Test Date <b>8/13/07</b>	Hours Tested <b>24</b>	Test Production →	Oil BBL <b>39</b>	Gas MCF <b>60</b>	Water BBL <b>82</b>	Oil Gravity Corr. API <b>37.7</b>	Gas Gravity	Production Method <b>Pumping</b>		
Choke Size	Tbg Press Flwg. SI <b>100</b>	Csg. Press <b>25</b>	24 Hr →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio <b>1615</b>	Well Status			
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. SI	Csg. Press	24 Hr →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status			

14151517  
2007  
OCD-HOBBS  
ACCEPTED FOR RECORD  
POW  
/S/ DAVID R. GLASS  
DAVID R. GLASS  
PETROLEUM ENGINEER

(See instructions and spaces for additional data on page 2)

## 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.	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.	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

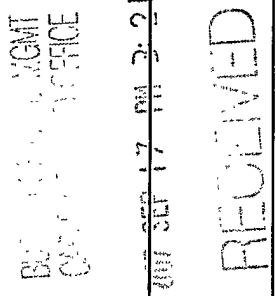
29. Disposition of Gas (Sold, used for fuel, vented, etc.)

**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
				<b>Rustler</b>	<b>1444</b>
				<b>Yates</b>	<b>3090</b>
				<b>Queen San Andres</b>	<b>4214</b>
				<b>Delaware</b>	<b>4838</b>
				<b>Bone Spring</b>	<b>5170</b>
				<b>1st Bone Spring</b>	<b>7240</b>
				<b>Bone Spring (2)</b>	<b>7240</b>
				<b>1st Bone Spring (2)</b>	<b>8632</b>
				<b>2nd Bone Spring</b>	<b>8632</b>
				<b>2nd Bone Spring (2)</b>	<b>9170</b>
				<b>3rd Bone Spring</b>	<b>9170</b>
				<b>3rd Bone Spring (2)</b>	<b>10097</b>
				<b>Wolfcamp</b>	<b>10097</b>
				<b>Wolfcamp (2)</b>	<b>10822</b>

## 32. Additional remarks (include plugging procedure):

**Downhole commingling Bone Spring and Wolfcamp zones. NMOC Order # DHC-3879**

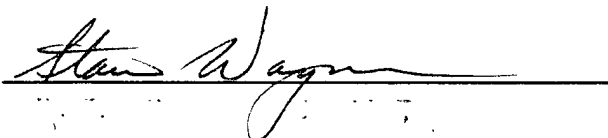
## 33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd)
 ☐ Geologic Report
 ☐ DST Report
 ☐ Directional Survey
- ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other:

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

Name (please print) **Stan Wagner**Title **Regulatory Analyst**

Signature


Date **8/29/07**

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.