

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
OMB NO. 1004-0137
Expires: November 30, 2000

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
b. Type of Completion: ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.
Other _____

2. Name of Operator

EOG Resources Inc.

3. Address

P.O. Box 2267 Midland TX 79702

3a. Phone No. (include area code)

432 686 3689

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 1000' FNL & 1700' FWL, U/L C, Sec 17, T25S, R34E

At top prod. interval reported below

At total depth 1088' N 114' W
232' FSL & 112' FWL, U/L D

14. Date Spudded

11/5/03

15. Date T.D. Reached

12/30/03

16. Date Completed

☐ D & A

☒ Ready to Prod.

1/30/04

18. Total Depth: MD

13849

19. Plug Back T.D.: MD

12254

TVD

20. Depth Bridge Plug Set: MD

TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? ☒ No ☐ Yes (Submit analysis)

Was DST run ☒ No ☐ Yes (Submit report)

Directional Survey? ☐ No ☒ 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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17 1/2	11 3/8	48		670		575 C		Surface	
12 1/4	9 5/8	40		5100		1490 C		Surface	
8 3/4	7	26		12620		1015 H		5150 TS	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2 7/8	11365							

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) 3rd Bone Spring	12707		12707-13200	0.41	51	Producing
B)						
C)						
D)						

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

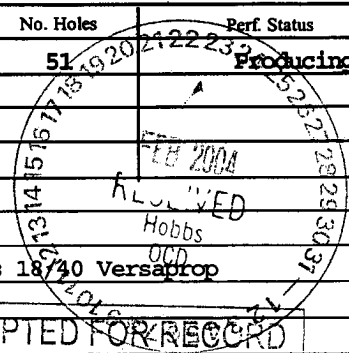
Depth Interval	Amount and Type of Material
12707-13200	Frac w/ 116,500 gal SpectraFrac G-2500 + 150,000 lbs 18/40 VersaTrap

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
1/30/04	2/7/04	24		134	209	169			Pumping
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr.	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	
	200						1559	POW	

28a. Production-Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity	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	



28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	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	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
<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2004 FEB 13 AM 9:14 BUREAU OF LAND MGMT. ROSMELLE OFFICE </div>				Estimated Tops	
				Rustler	1082'
				Delaware	5185'
				3rd Bone Spring	12223'

32. Additional remarks (include plugging procedure):

No Logs Run

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)*

Name (please print) Stan WagnerTitle Regulatory AnalystSignature Date 2/10/04