

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

5. Lease Serial No.
LC064944

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name	
b. Type of Completion <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Diff. Resvr. Other _____		7. Unit or CA Agreement Name and No.	
2. Name of Operator EOG RESOURCES, INC.		8. Lease Name and Well No. FEDERAL MA 8	
3. Address P. O. BOX 2267 MIDLAND, TX 79702		9. API Well No. 36.375025-31492 0052	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SENE 2062FNL 769FEL At top prod interval reported below At total depth		10. Field and Pool, or Exploratory CORBIN, SOUTH, BONE SPRING	
14. Date Spudded 01/16/1992		11. Sec., T., R., M., or Block and Survey or Area Sec 21 T18S R33E Mer	
15. Date T.D. Reached 02/13/1992		12. County or Parish LEA	
16. Date Completed <input type="checkbox"/> 02/24/1992 <input checked="" type="checkbox"/> Ready to Prod. 02/24/2001		13. State NM	
17. Elevations (DF, KB, RT, GL)* 3857 KB			
18. Total Depth: MD 11540 TVD		19. Plug Back T.D.: MD 11493 TVD	
20. Depth Bridge Plug Set: MD TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) 1992 - CBL/CCL/GR		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 analysis) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)	

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)	Casing Top*	Amount Pulled
17.500	13.375 K-55	48.000	0	416		425		0	
12.250	8.625 K-55	28.000	0	2928		1350		0	
7.875	5.500 N-80	17.000	0	11540		925		1812	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRINGS	10264	10351	10264 TO 10351		116	PRODUCING
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
10339 TO 10351	AT/W 1100 GALS 15% FERCHECK HCL ACID
10351	DC
10264 TO 10278	FTW/1000 GALS 7.5% NEFE HCL, 36,000 GALS BORATE
10278	X-LINKED 25 GELLED KCL WTR & 74,000 20/40 SUPER

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
01/31/2001	08/30/2001	24	→	30.0	20.0	3.0	37.7		ELECTRIC PUMPING UNIT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
OPEN	SI	180	→	30	20	3	666/1	POW	

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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

DAVID R. GLASS
PETROLEUM ENGINEER

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS

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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. Rate	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. Rate	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
BONE SPRINGS	10264	10351		RUSTLER	1444
				RUSTLER(2)	1444
				YATES	3090
				YATES(2)	3090
				QUEEN	4214
				QUEEN SAN ANDRES	4214
				DELAWARE	4838
				SAN ANDRES(2)	4838
				BONE SPRING	5170
				DELAWARE(2)	5170
				1ST BONE SPRING	7240
				BONE SPRING(2)	7240
				1ST BONE SPRING(2)	8632
				2ND BONE SPRING	8632
				2ND BONE SPRING(2)	9170
				3RD BONE SPRING	9170
				3RD BONE SPRING(2)	10097
				WOLFCAMP	10097
				WOLFCAMP(2)	10822

32. Additional remarks (include plugging procedure):

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) BEV HATFIELD

Title Sr. Regulatory Admin.

Signature



Date 09/05/2001

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.

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Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

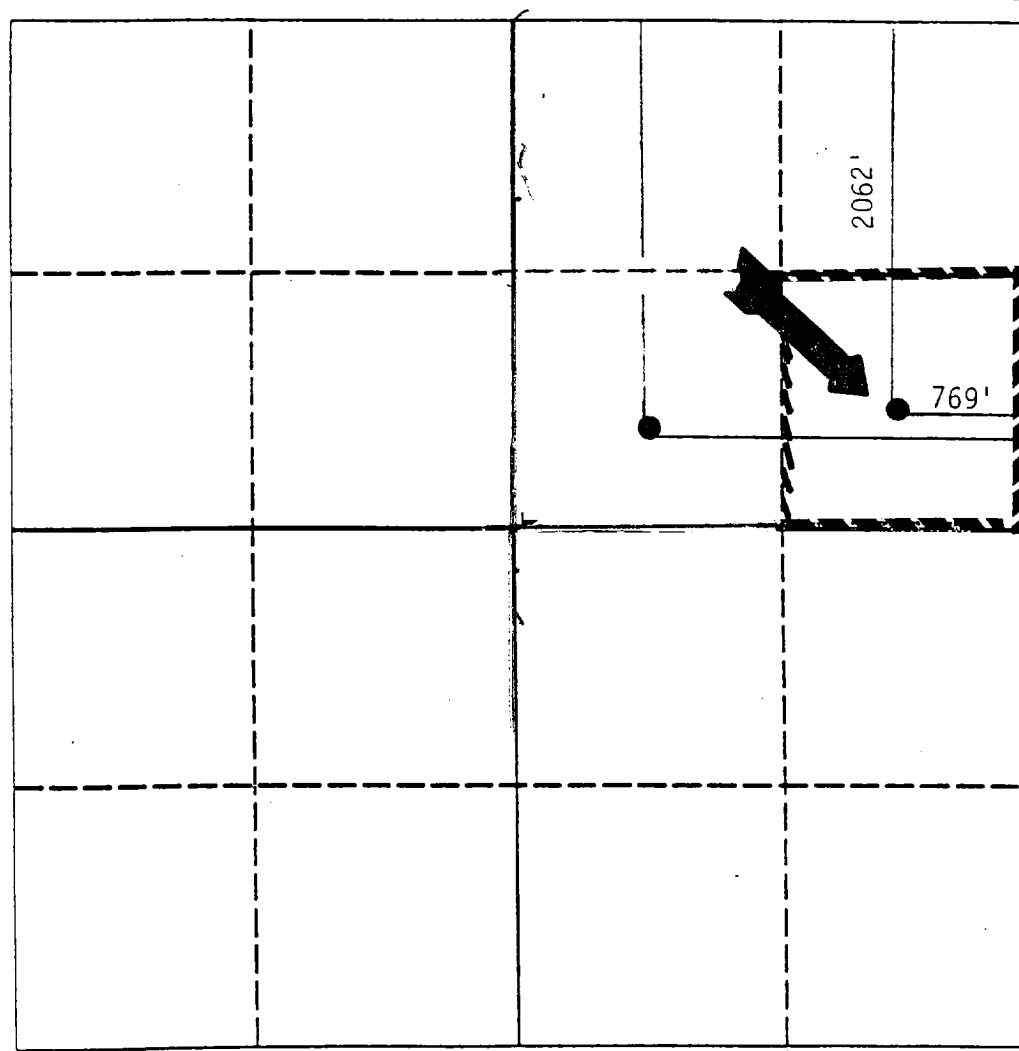
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator EOG RESOURCES, INC.			Lease FEDERAL MA		Well No. 8
Unit Letter H	Section 21	Township 18S	Range 33E	County NMPM LEA	
Actual Footage Location of Well: 2062 feet from the NORTH line and 769 feet from the EAST line					
Ground level Elev. 3857 KB	Producing Formation BONE SPRINGS		Pool CORBIN: BONE SPRINGS, SOUTH		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
 If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
 No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature *Bev Hatfield*

Printed Name
BEV HATFIELD

Position
SR REGULATORY ADMIN.

Company
EOG RESOURCES, INC.

Date
9-5-01

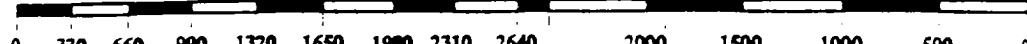
SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes or actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of Professional Surveyor

Certificate No.



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