

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

**Bold\*** fields are required.

NMOCB

JUL 30 2018

DISTRICT III

### Section 1 - Completed by Operator

**1. BLM Office\***

Indian Durango, CO

**2. Well Type\***

GAS

**3. Completion Type\***

Other

### Operating Company Information

**4. Company Name\***

HUNTINGTON ENERGY, L.L.C.

**5. Address\***

908 N.W. 71ST STREET

OKLAHOMA CITY OK 73116

**6. Phone Number\***

405-840-9876

### Administrative Contact Information

**7. Contact Name\***

CATHY \_ SMITH

**8. Title\***

AUTHORIZED REPRESENTATIVE

**9. Address\***

908 NW 71ST STREET

OKLAHOMA CITY OK 73116

**10. Phone Number\***

405.840.9876 \_

## 11. Mobile Number

**12. E-mail\***

csmith@huntingtonenergy.com

**13. Fax Number**

405-840-2011

### Technical Contact Information

☒ Check here if Technical Contact is the same as Administrative Contact.

**14. Contact Name\*****16. Address\*****19. E-mail\*****15. Title\*****17. Phone Number\***

## 18. Mobile Number

**20. Fax Number**

### Surface Location

21. Specify location using one of the following methods:

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract  
b) State, County, Latitude, Longitude, Metes & Bounds description

**State\***

NM

**County or Parish\***

SAN JUAN

Section 21	Township 32N	Range 14W	Meridian	
Qtr/Qtr SWNE	Lot # —	Tract # —	N/S Footage 1650 FNL	E/W Footage 2310 FEL
Latitude —	Longitude —	Metes and Bounds		

## Producing Interval Location

22. Specify location or

☒ Check here if the producing hole location is the same as the surface location.

State*	County or Parish*			
—	—			
Section —	Township —	Range —	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —
Latitude —	Longitude —	Metes and Bounds		

## Bottom Location

23. Specify location or

☒ Check here if the bottom hole location is the same as the surface location.

State*	County or Parish*			
—	—			
Section —	Township —	Range —	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —
Latitude —	Longitude —	Metes and Bounds		

## Lease and Agreement

24. Lease Serial Number\*

I22IND2772

26. If Unit or CA/Agreement, Name and/or Number

27. Field and Pool, or Exploratory Area\*

BARKER DOME

## Well

28. Well Name* BARKER DOME		29. Well Number* 20		30. API Number 30-045-11351	
31. Date Spudded 12/15/1949	32. Date T.D. Reached 04/11/2013	33. Date Completed 07/13/2018 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce		34. Elevations (DF, RKB, RT, GL) 6249 Ground Level	
35. Total Depth: MD 2763 TVD —		36. Plug Back Total Depth: MD 2520 TVD —		37. Depth Bridge Plug Set: MD 2520 TVD —	
38. Type Electric & Other Mechanical Logs Run			39.		



(Submit copy of each)

Was Well Cored? ☒ No ☐ Yes (Submit Analysis)Was DST run? ☒ No ☐ Yes (Submit Report)Directional Survey? ☒ No ☐ Yes (Submit Copy)

## 40. Casing and Liner Record (Report all strings set in well)

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
12.25	10.75	—	—	0	95	—	80	—	0	—
7.875	5.5	—	—	0	2284	—	120	—	0	—
4.75	4.5	—	—	—	2663	—	30	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

## 41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
2.375	2486	2486
—	—	—
—	—	—

## 42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) ENCINAL	2493	2511
B) —	—	—
C) —	—	—
D) —	—	—

## 43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
2506	2510	—	8	ACTIVE - PRODUCING (CIBP @ 2520')
2530	2530	—	2	INACTIVE - SET CIBP @ 2534'
2536	2539	—	6	INACTIVE - SET CIBP @ 2570'
2618	2624	—	12	INACTIVE - CIBP SET @ 2635'

## 44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
2506	2510	SWAB
2530	2530	100 GAL 15% HCL, FLUSH W/10 BBLS 2% KCL
2536	2539	SWAB
2618	2624	600 GAL 15% HCL, FLUSH W/10 BBLS 2% KCL

## 45. Production Method and Well Status for Production Intervals

Production Method	Well Status
Flows From Well	Producing Gas Well

## 46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
07/13/2018	07/16/2018	24	>>>>>	0	336	0	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	280	180	>>>>>	0	336	0	—	

## 47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

## 48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

## 49. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

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

Sold

## 51. 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.

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
ENCINAL	2493	2511	SAND & SHALE, GAS BEARING	MANCOS	400
MORRISON	2511	2763	SAND & SHALE, GAS BEARING	GALLUP	1439
_____	_____	_____	_____	GREENHORN	2158
_____	_____	_____	_____	GRANEROS	2213
_____	_____	_____	_____	PAGUATE	2312
_____	_____	_____	_____	LWR CUEBERO	2335
_____	_____	_____	_____	ENCINAL	2493
_____	_____	_____	_____	MORRISON	2511

## 52. Formation (Log) Markers

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



54. 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:

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

55. Name

CATHY \_ SMITH

56. Title

AUTHORIZED REPRESENTATIVE

57. Date\* (MM/DD/YYYY)

07/27/2018

58. Signature\*

*You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.*

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.

### Section 2 - System Receipt Confirmation

59. Transaction

60. Date Sent

61. Processing Office

### Section 3 - Internal Review #1 Status

62. Review Category

63. Date Completed

64. Reviewer Name

65. Comments

**Section 4 - Internal Review #2 Status**

66. Review Category

67. Date Completed

68. Reviewer Name

69. Comments

**Section 5 - Internal Review #3 Status**

70. Review Category

71. Date Completed

72. Reviewer Name

73. Comments

**Section 6 - Internal Review #4 Status**

74. Review Category

75. Date Completed

76. Reviewer Name

77. Comments

**Section 7 - Final Approval Status**

78. Disposition

79. Date Completed

80. Reviewer Name

81. Reviewer Title

82. Comments

**INSTRUCTIONS**

**GENERAL:** This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

**ITEMS 24, 22, and 23:** Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

**ITEM 34:** Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.