| Form 33-0-5<br>(June 2015) DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UNITED STATE<br>EPARTMENT OF THE I                        |                          | FORM APPROVED<br>OMB NO. 1004-0137<br>Expires: January 31, 2018 |                                                                            |                    |                             |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|-----------------------------|--|--|
| B<br>SUNDRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5. Lease Serial No.<br>NMSF079051                         |                          |                                                                 |                                                                            |                    |                             |  |  |
| Do not use the<br>abandoned we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6. If Indian, Allottee or Tribe Name                      |                          |                                                                 |                                                                            |                    |                             |  |  |
| SUBMIT IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. If Unit or CA/Agreement, Name and/or No.<br>891001051B |                          |                                                                 |                                                                            |                    |                             |  |  |
| 1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. Well Name and No.<br>SAN JUAN 28-6 UNIT 186            |                          |                                                                 |                                                                            |                    |                             |  |  |
| ☐ Oil Well ⊠ Gas Well ☐ Oth<br>2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9. API Well No.                                           |                          |                                                                 |                                                                            |                    |                             |  |  |
| HILCORP ENERGY COMPAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           | 30-039-20582-00-C1       |                                                                 |                                                                            |                    |                             |  |  |
| 3a. Address<br>1111 TRAVIS STREET<br>HOUSTON, TX 77002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3b. Phone No. (include area code)<br>Ph: 505-324-5161     |                          |                                                                 | 10. Field and Pool or Exploratory Area<br>BASIN DAKOTA<br>BLANCO MESAVERDE |                    |                             |  |  |
| 4. Location of Well <i>(Footage, Sec., T</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1)                                                        |                          |                                                                 | 11. County or Parish, State                                                |                    |                             |  |  |
| Sec 6 T27N R6W SENE 1525<br>36.605957 N Lat, 107.501114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                          |                                                                 | RIO ARRIBA COUNTY, NM                                                      |                    |                             |  |  |
| 12. CHECK THE AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PPROPRIATE BOX(ES)                                        | TO INDIC                 | ATE NATURE O                                                    | F NOTICE,                                                                  | REPORT, OR OTH     | IER DATA                    |  |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE OF ACTION                                            |                          |                                                                 |                                                                            |                    |                             |  |  |
| □ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Acidize                                                   | De De                    | epen                                                            | Product                                                                    | ion (Start/Resume) | U Water Shut-Off            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ Alter Casing                                            |                          | draulic Fracturing                                              | Reclam                                                                     | ation              | U Well Integrity            |  |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Casing Repair                                             | □ Ne                     | w Construction                                                  | Recomp                                                                     |                    | Other<br>Subsurface Comming |  |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Change Plans                                              |                          | ig and Abandon                                                  |                                                                            | arily Abandon      | ng                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Convert to Injection                                      |                          | ıg Back                                                         | U Water I                                                                  | •                  |                             |  |  |
| 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection. |                                                           |                          |                                                                 |                                                                            |                    |                             |  |  |
| The subject well is now produ-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cing as Blanco Mesaverd                                   | le and Basin             | Dakota comming                                                  | le under DH                                                                | C 4882.            |                             |  |  |
| Please see attached production                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | on allocation.                                            |                          |                                                                 |                                                                            |                    |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NMOCD                                                     |                          |                                                                 |                                                                            |                    |                             |  |  |
| Well recompletion report appr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SEP 25 203                                                |                          |                                                                 |                                                                            |                    |                             |  |  |
| Dar 10 20.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |                          |                                                                 |                                                                            |                    |                             |  |  |
| DISTRICT III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                          |                                                                 |                                                                            |                    |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                          |                                                                 |                                                                            |                    |                             |  |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Electronic Submission #<br>For HILCORP E                  | NERGY COM                | PANY, sent to the                                               | Farmington                                                                 |                    |                             |  |  |
| Committed to AFMSS for processing by JOHN HOFFMAN on 09/25/2019 (19JH0215SE)           Name (Printed/Typed)         ETTA TRUJILLO         Title         OPERATIONS REGULATORY TECH SR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                          |                                                                 |                                                                            |                    | R                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                          | Uniter Of LIVE                                                  | THOMO INLO                                                                 |                    |                             |  |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date 09/24/20                                             | 019                      |                                                                 |                                                                            |                    |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THIS SPACE FO                                             | OR FEDER                 | AL OR STATE                                                     |                                                                            | SE                 |                             |  |  |
| Approved By ACCEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | JOHN HOI<br>TitlePETROLE |                                                                 | EER                                                                        | Date 09/25/201     |                             |  |  |
| Conditions of approval, if any, are attache<br>certify that the applicant holds legal or equ<br>which would entitle the applicant to condu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Office Farming                                            | ton                      |                                                                 |                                                                            |                    |                             |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                           |                          |                                                                 |                                                                            |                    |                             |  |  |
| (Instructions on page 2) ** BI M DEV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ISED ** BLM REVISE                                        |                          |                                                                 |                                                                            |                    |                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                          |                                                                 | REVISEL                                                                    |                    | ,<br>,                      |  |  |

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| Hilcorp Energy Company<br>PRODUCTION ALLOCATION FORM  Commingle Type SURFACE DOWNHOLE  Type of Completion NEW DRILL RECOMPLETION PAYADD COMMINGLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                  |               |                               | Distribution:<br>NMOCD Original<br>BLM 5 Copies<br>Accounting<br>Well File<br>Revised: March 9, 2018<br>Status<br>PRELIMINARY S<br>FINAL S<br>FINAL REVISED D<br>Date: 9/11/2019<br>API No. 30-039-20582<br>DHC No. DHC 4882<br>Lease No. NMSF079051 |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|---------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Well Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                  |               | <u></u>                       | Federal<br>Well No.                                                                                                                                                                                                                                  |  |  |
| San Juan 28-6 Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                  |               |                               | # <b>186</b>                                                                                                                                                                                                                                         |  |  |
| Unit Letter<br>H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Section<br>06   | Township<br>T27N | Range<br>R06W | Footage<br>1525'FNL & 970'FEL | County, State<br>Rio Arriba,<br>New Mexico                                                                                                                                                                                                           |  |  |
| Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date            | Test Method      | 1             |                               |                                                                                                                                                                                                                                                      |  |  |
| 07/16/2019 HISTORICAL I FIELD T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                  |               | LD TEST 🗌 PROJECTED           | $\Box$ other $\boxtimes_{+}$                                                                                                                                                                                                                         |  |  |
| JUSTIFICATION OF ALLOCATION: Hilcorp requests that production for the downhole commingle be<br>allocated using the subtraction method. The base formation is the Dakota and the added formation to be<br>commingled is the Mesaverde. The subtraction method applies an average monthly production forecast to the<br>base formation(s) using historic production. All production from this well exceeding the forecast will be<br>allocated to the new formation(s). A fixed percentage based allocation will be submitted after the fourth year<br>of production. See attached documents for production forecast.<br>Oil production will be allocated based on average formation yields from offset wells: MV - 94%, DK - 6% |                 |                  |               |                               |                                                                                                                                                                                                                                                      |  |  |
| APPROVEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ר אין אר אין אר | <u></u>          | DATE          | TITLE                         | PHONE                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                  |               |                               |                                                                                                                                                                                                                                                      |  |  |
| x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                  | 2             | Area Operations Man           | ager 713-209-2449                                                                                                                                                                                                                                    |  |  |
| Nick Kunze                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                  |               |                               |                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                  |               |                               |                                                                                                                                                                                                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                  |               |                               |                                                                                                                                                                                                                                                      |  |  |
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