

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

HOBBS OCD

JAN 07 2014

RECEIVED

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 checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resrv. Other			7. Unit or CA Agreement Name and No.		
2. Name of Operator CONOCOPHILLIPS COMPANY			8. Lease Name and Well No. RUBY FEDERAL 17		
3. Address 3300 N "A" ST BLDG 6 MIDLAND, TX 79705			9. API Well No. 30-025-41013-00-S1		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWSW 1750FSL 990FWL At top prod interval reported below NWSW 1750FSL 990FWL At total depth NWSW 1750FSL 990FWL			10. Field and Pool, or Exploratory MALJAMAR		
14. Date Spudded 09/11/2013			15. Date T.D. Reached 09/16/2013		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 11/13/2013			17. Elevations (DF, KB, RT, GL)* 3998 GL		
18. Total Depth: MD 6920 TVD 6920		19. Plug Back T.D.: MD 6920 TVD 6920		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) DUAL LATERAL LOG BOREHOLE SONIC SPECTRAL GAMMARA			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)	Cement Top*	Amount Pulled
12.250	8.625 J-55	24.0	0	787		600		0	
7.875	5.500 L-80	17.0	0	6905		1300		0	

## 24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	6622							

## 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) PADDOCK	5346	5689	5419 TO 5439			PRODUCING
B) BLINEBRY	5689	6755	5837 TO 6509			PRODUCING
C)						
D)						

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

Depth Interval	Amount and Type of Material
5419 TO 5439	TOTAL PROPPANTS=164,150#
5837 TO 6509	TOTAL PROPPANTS= 491,820#

## 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
11/18/2013	11/28/2013	24	→	88.0	51.0	80.0	38.2		ELECTRIC-PUMPING-UNIT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	375		→	88	51	80		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	
SI			→						

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

ELECTRONIC SUBMISSION #229084 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

JAN 08 2014

## 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.)  
CAPTURED

## 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
SEVEN RIVERS	2367	3008			
QUEEN	3008	3445			
GRAYBURG	3445	3808			
SAN ANDRES	3808	5273			
GLORIETTA	5273	5346			
PADDOCK	5346	5689			
BLINEBRY	5689	6755			

## 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):

**Electronic Submission #229084 Verified by the BLM Well Information System.**  
**For CONOCOPHILLIPS COMPANY, sent to the Hobbs**  
**Committed to AFMSS for processing by JOHNNY DICKERSON on 12/18/2013 (14JLD1010SE)**

Name (please print) ASHLEY BERGENTitle STAFF REGULATORY TECHSignature (Electronic Submission)Date 12/10/2013

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.

**\*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\***

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

HOBBS OCD

JAN 07 2014

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State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-41013	<sup>2</sup> Pool Code 44500	<sup>3</sup> Pool Name MALJAMAR; YESO WEST
<sup>4</sup> Property Code 38563	<sup>5</sup> Property Name RUBY FEDERAL	<sup>6</sup> Well Number 17
<sup>7</sup> OGRID No. 217817	<sup>8</sup> Operator Name ConocoPhillips Company	<sup>9</sup> Elevation 3998

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	17	17S	32E		1750	SOUTH	990	WEST	LEA

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup> 	<sup>17</sup> OPERATOR CERTIFICATION			
	<i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or leased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>			
	Signature: <u>Ashley Bergen</u> Date: <u>11/18/2013</u> Printed Name: <u>Ashley Bergen</u> E-mail Address: <u>ashley.bergen@cop.com</u>			
<sup>18</sup> SURVEYOR CERTIFICATION	<i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>			
	Date of Survey: _____ Signature and Seal of Professional Surveyor: _____			
	Certificate Number: _____			

<b>INCLINATION REPORT</b> (One Copy Must Be Filed With Each Completion Report.)		DISTRICT NMPM
1. FIELD NAME (as per RRC Records or Wildcat) <b>MALJAMAR, YESO WEST</b>	2. LEASE NAME <b>RUBY FEDERAL</b>	8. Well Number <b>17</b>
3. OPERATOR <b>Conoco Phillips Company</b>		10. County <b>LEA</b>
4. ADDRESS <b>Attn: Alva Franco 3300N "A" St. Bldg 6 #247 Midland, Tx 79710</b>		
5. LOCATION (Section, Block, and Survey) <b>ULL, SEC17, T17S, R32E, 1750'FSL, 990'FWL</b>		

### RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle x100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
250	2.50	0.60	1.05	2.62	2.62
458	2.08	1.10	1.92	3.99	6.61
500	0.42	0.70	1.22	0.51	7.12
788	2.88	1.10	1.92	5.53	12.65
800	0.12	1.10	1.92	0.23	12.88
1073	2.73	0.60	1.05	2.86	15.74
1207	1.34	0.50	0.87	1.17	16.91
1342	1.35	0.40	0.70	0.94	17.85
1433	0.91	0.60	1.05	0.95	18.80
1610	1.77	1.30	1.10	1.95	20.75
1700	0.90	1.00	1.75	1.57	22.32
1790	0.90	1.10	1.92	1.73	24.05
1925	1.35	0.80	1.40	1.88	25.93
2059	1.34	0.60	1.05	1.40	27.33
2193	1.34	0.50	1.20	1.61	28.94
2327	0.00	0.60	1.10	0.00	28.94

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☐ Yes ☒ No
18. Accumulative total displacement of well bore at total depth of \_\_\_\_\_ feet = \_\_\_\_\_ feet.
- \*19. Inclination measurements were made in: ☐ tubing ☐ casing ☐ Of hole ☒ Pipe
20. Distance from surface location of well to the nearest lease line \_\_\_\_\_ feet.
21. Minimum distance to lease line as prescribed by field rules \_\_\_\_\_ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? \_\_\_\_\_
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

<b>INCLINATION DATA CERTIFICATION</b> I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.	<b>OPERATOR CERTIFICATION</b> I declare under penalties prescribed in 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.
Signature of Authorized Representative <b>DANIEL STASIUK</b>	Signature of Authorized Representative
Name of Person and Title (type or print) <b>Precision Drilling Company LP</b>	Name of Person and Title (type or print)
Name of Company	Operator
817-694-6797	Telephone:
Area Code	Area Code

Railroad Commission Use Only:

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Designated items certified by company that conducted the inclination surveys.

## RECORD OF INCLINATION (Continued from reverse side)

[illegible]

If additional space is needed, attach separate sheet and check here. ☐

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled, by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.

155476.00	46.55	25.10	21.20	28.94	463.08
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ANGLE	RADIANS	SINE OF ANGLE	(INPUT LA CK)
0.25	0.004363323	0.004363	0.00436
0.5	0.008726646	0.008727	0.00873
0.75	0.013089969	0.01309	0.01309
1	0.017453293	0.017452	0.017545
(WHERE PI =	3.141592654 )		