

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address McElvain Energy Inc. 511 16 th Street STE. 700 Denver CO 80202		² OGRID Number 22044
⁴ API Number 30 - 025-35717		³ Reason for Filing Code/ Effective Date RC/9/2003.....recompletion report was never submitted to BLM by Concho
⁵ Pool Name E-R; DELAWARE	⁶ Pool Code 21650	
⁷ Property Code 321294	⁸ Property Name DOROTHY FEDERAL	⁹ Well Number 2

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II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	Feet from the	East line	County
I	25	18S	33E		1980	South Line	810	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code F	¹³ Producing Code P	¹⁴ Gas Connection Date UNK	¹⁵ C-129 Permit Number NA	¹⁶ C-129 Effective Date NA	¹⁷ C-129 Expiration Date NA				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	Shell Trading Company PO Box 4604 72210-4604 Physical -1000 Main, Houston TX., 77002	oil
	Frontier Field Services 4200 E. Skelly Drive, Suit 700, Tulsa OK, 74135	gas
	Standard Energy Services 11376 Lovington Hwy, Artesia, NM 88210	water
	~ Record Clean-Up ~	

IV. Well Completion Data

²¹ Spud Date 11/27/2002	²² Ready Date 1/29/03	²³ TD 10,000	²⁴ PBDT 9952	²⁵ Perforations 5702-5732 DELAWARE	²⁶ DHC, MC MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17.5	13.375	400	440		
11.0	8.675	3710	1750		
7.875	5.5	10000	1300		
	2.875	5916			

V. Well Test Data

³¹ Date New Oil 9/10/2003	³² Gas Delivery Date UNK	³³ Test Date 9/12/2003	³⁴ Test Length 24	³⁵ Tbg. Pressure Not available	³⁶ Csg. Pressure Not available
³⁷ Choke Size NA	³⁸ Oil 209	³⁹ Water 30	⁴⁰ Gas 0	⁴¹ Test Method Pump	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Tony Cooper
Printed name: Regulatory Manager
Title: Tony Cooper @ Mcelvain.com
E-mail Address:
Date: 7-27-18 Phone: 303 962-6489

OIL CONSERVATION DIVISION
Approved by: Karen Sharp
Title: Staff Mgr
Approval Date: 7-27-18

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or re-drill an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM0245247

Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
EDITH FEDERAL 1

9. API Well No.
30-025-28856

10. Field and Pool or Exploratory Area
DELAWARE

11. County or Parish, State
LEA COUNTY COUNTY, NM

SUBMIT IN TRIPLICATE - Other Instructions on Page 2

Frontier Field Office
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1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 MCELVAIN ENERGY INC.
 Contact: TONY G COOPER
 E-Mail: tony.cooper@mcelvain.com

3a. Address
 1050 17TH ST STE. 2500
 DENVER, CO 80285

3b. Phone No. (include area code)
 Ph: 303-893-0933 Ext: 331

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Alter Casing <input type="checkbox"/> Hydraulic Fracturing <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity <input type="checkbox"/> Final Abandonment Notice <input type="checkbox"/> Casing Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Recomplete <input checked="" type="checkbox"/> Other Venting and/or Flaring <input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon <input type="checkbox"/> Water Disposal

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.

McElvain Energy Inc. recently purchased the vertical wells on the attached Well Listing sheet from Chevron USA. The gas from these wells was being sold to Frontier Field Services but is now considered non-marketable due to high N2 levels. In an effort to maximize oil production on these wells, McElvain is requesting permission to flare the associated natural gas. McElvain is asking that the flaring of the gas be considered non-royalty bearing due to the lack of marketability of the gas.

Flared gas volumes from the wells will be reported monthly using a GOR calculated from the historical reported well production. A small open flame style flare with auto-igniter will be installed on the two specified well pads.

I have attached a diagram of the wells and the above ground gas pipelines, a copy of the Sundry

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14. I hereby certify that the foregoing is true and correct.

Electronic Submission #419864 verified by the BLM Well Information System
 For MCELVAIN ENERGY INC., sent to the Hobbs
 Committed to AFMSS for processing by DEBORAH MCKINNEY on 05/29/2018 ()

Name (Printed/Typed) KELLOFF JOE Title VP PRODUCTION

Signature (Electronic Submission) Date 05/11/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By /s/ Jonathon Shepard Title PETROLEUM ENGINEER Date 5/21/18

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office CFO

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) ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

MAS/OCD 6/11/2018

Well Listing

Well Name	API	Lease Number	MCFD/BOPD	Comment
Dorothy Federal 1	30-025-28462	NMNM019448	18/5	install small open style flare with auto igniter
Dorothy Federal 2	30-025-35717	NMNM019448	18/12	route gas to Dorothy 1 flare via existing surface line
Archie Federal 1	30-025-36507	NMNM96242	5/2	route gas to Edith 3 flare via existing surface line
Edith Federal 3	30-025-29369	NMNM245247	12/3	install small open style flare with auto igniter
Edith Federal 1	30-025-28856	NMNM245247	28/13	Tie to existing 3 inch surface gas line to McElvain 4
Edith Federal 4	30-025-36058	NMNM245247	27/8	Tie to existing 2 inch surface gas line to McElvain 4

Note- the Edith Federal 1 and 4 surface flare lines will tie into an existing poly surface gas line that routes gas from several other McElvain wells to a 60 inch enclosed Cimarron combustor at the McElvain 4 well pad.

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Hobbs, NM	2. Well Type* OIL
3. Completion Type* Different Reservoir	
Operating Company Information	
4. Company Name* MCELVAIN ENERGY INC	
5. Address* 511 16TH STREET STE 700 DENVER CO 80202	6. Phone Number* 303-833-0933
Administrative Contact Information	
7. Contact Name* TONY G COOPER	8. Title* REGULATORY MGR
9. Address* 511 16TH STREET STE 700 DENVER CO 80202	10. Phone Number* 303-962-6489
	11. Mobile Number 303-501-0004
12. E-mail* tony.cooper@mcelvain.com	13. Fax Number 303-893-0914
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
14. Contact Name*	15. Title*
16. Address*	17. Phone Number*
	18. Mobile Number
19. E-mail*	20. Fax Number
Surface Location	

Documents pending BLM approvals will subsequently be reviewed and scanned

||

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* LEA		
Section 25	Township 18S	Range 33E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NESE	Lot # I	Tract # _____	N/S Footage 1980 FSL	E/W Footage 810 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* NMNM19448		_____
26. If Unit or CA/Agreement, Name and/or Number _____		27. Field and Pool, or Exploratory Area* DELAWARE

Well

28. Well Name* DOROTHY FEDERAL	29. Well Number* 2	30. API Number 30-025-35717
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31. Date Spudded 11/27/2002	32. Date T.D. Reached 12/19/2002	33. Date Completed 09/09/2003 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3873 Ground Level
35. Total Depth: MD 10000 TVD ___	36. Plug Back Total Depth: MD 9952 TVD ___	37. Depth Bridge Plug Set: MD ___ TVD ___	
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE AVAILABLE		39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input checked="" type="radio"/> No <input type="radio"/> 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
17.5	13.375	H40	48	0	400	___	440	___	___	___
11	8.675	J55	32	___	3710	___	1750	___	___	___
7.875	5.5	N80	17	___	10000	___	1300	___	___	___
___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___

41. Tubing Record	42. Producing Intervals																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Size</th> <th>Depth Set (MD)</th> <th>Packer Depth (MD)</th> </tr> </thead> <tbody> <tr> <td>2.875</td> <td>5916</td> <td>___</td> </tr> <tr> <td>___</td> <td>___</td> <td>___</td> </tr> <tr> <td>___</td> <td>___</td> <td>___</td> </tr> </tbody> </table>	Size	Depth Set (MD)	Packer Depth (MD)	2.875	5916	___	___	___	___	___	___	___	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Formation</th> <th>Top (MD)</th> <th>Bottom (MD)</th> </tr> </thead> <tbody> <tr> <td>A) DELAWARE</td> <td>4411</td> <td>6160</td> </tr> <tr> <td>B) _____</td> <td>___</td> <td>___</td> </tr> <tr> <td>C) _____</td> <td>___</td> <td>___</td> </tr> <tr> <td>D) _____</td> <td>___</td> <td>___</td> </tr> </tbody> </table>	Formation	Top (MD)	Bottom (MD)	A) DELAWARE	4411	6160	B) _____	___	___	C) _____	___	___	D) _____	___	___
Size	Depth Set (MD)	Packer Depth (MD)																										
2.875	5916	___																										
___	___	___																										
___	___	___																										
Formation	Top (MD)	Bottom (MD)																										
A) DELAWARE	4411	6160																										
B) _____	___	___																										
C) _____	___	___																										
D) _____	___	___																										

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
7708	7724	___	33	DELAWARE (UNDER BP)
5702	5732	___	61	DELAWARE PRODUCING (PROD INTERVAL A BELOW)
9506	9665	___	636	BONE SPRINGS (TA UNDER CIBP)
9754	9828	___	296	BONE SPRINGS (TA UNDER CIBP)

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

Top	Bottom	Amount and Type of Material
7708	7724	63,000# 16/30 RC & 30,000 GAL 30# MEDALLION XL GEL WATER (UNDER BP)
5702	5732	122,000# 16/30 WHITE & 24,000# 16/30 LC/RC 58,000 GALS MEDALLION XL GEL WATER
7708	7724	800 GALS 7.5% 90/10 HCL

5702|5732 |1500 GALS 7.5% 90/10 HCL

45. Production Method and Well Status for Production Intervals

Production Method Electric Pumping Unit	Well Status Producing Oil Well
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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
09/10/2003	09/12/2003	24	>>>>>	209	0	30		
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>	209	0	30		

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.)
Captured

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.				52. Formation (Log) Markers	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)

RED BED/SALT	0	1785		RUSTLER	1659
ANHY	1785	3675		YATES	3503
LM	3675	3710		QUEEN	4411
ANHY	3710	5190		DELAWARE	6160
DALO, ANHY	5190	6925		1ST BONE SPRING SAND	9602
DALO, SH	6925	10000		2ND BONE SPRING SAND	9163
				3RD BONE SPRING SAND	9998

53. Additional remarks (include plugging procedure):

This recompletion was done by Concho in August & September of 2003. The 2nd Bone Spring was TA'd. A BP was set above the 2nd BS and the Delaware was recompleted and produced. A NOI Sundry was approved by the BLM but a completion report was never submitted by Concho therefore prod has always been reported to the State of NM as Bone Spring production. McElvain has reconstructed the recompletion, with the limited info in the well file. McElvain submitted this report in an effort to correct the producing formation from the Bone Spring to the Delaware in the BLM and State of NM systems.

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
 Core Analysis
 Other:

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Sundry Notice for plugging and cement verification

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

55. Name TONY G COOPER	56. Title REGULATORY MGR
57. Date* (MM/DD/YYYY) 07/26/2018 <input type="text" value="Today"/>	58. Signature* <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>

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 _____
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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 		