

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: October 31, 2021

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

<div>1a. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other</div> <div>1b. Type of Completion <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Zones <input type="checkbox"/> Hydraulic Fracturing</div> <div>Other: _____</div>						5. Lease Serial No.			
						6. If Indian, Allottee or Tribe Name			
2. Name of Operator						7. Unit or CA Agreement Name and No.			
3. Address						8. Well Name and Well No.			
3a. Phone No. (Include area code)						9. API Well No.			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface At top prod. interval reported below At total depth						10. Field and Pool or Exploratory			
						11. Sec., T., R., M., on Block and Survey or Area			
						12. County or Parish	13. State		
14. Date Spudded		15. Date T.D. Reached		16. Date Completed <input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)*			
18. Total Depth: MD TVD		19. Plug Back T.D.: MD TVD		20. Depth Bridge Plug Set: MD TVD					
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)				22. Was well cored? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)					
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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
24. Tubing Record									
Size	Dept Set (MD)	Packer Dept (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
25. Producing Intervals					26. Perforation Record				
Formation		Top		Bottom	Perforated Interval	Size	No. Holes	Perf. Status	
A)									
B)									
C)									
D)									
27. Acid, Fracture, Treatment, Cement Squeeze, Post hydraulic fracturing chemical disclosures on FracFocus.org when required by state or federal regulation									
Depth Interval		Amount, Type of Material and Date of Chemical Disclosure upload on FracFocus.org as applicable							
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
			➡						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➡						
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. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			➡						

*(See instructions and spaces for additional data on page 2)

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 (Solid, used for fuel, vented, etc.)

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			
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Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth

32. Additional remarks (include plugging procedure).

33. Indicate which items have been attached by placing a check in the appropriate boxes:				
<input type="checkbox"/> Electrical/Mechanical Logs (1 full set req'd.)	<input type="checkbox"/> Geologic Report	<input type="checkbox"/> DST Report	<input type="checkbox"/> Directional Survey	
<input type="checkbox"/> Sundry Notice for plugging and cement verification	<input type="checkbox"/> Core Analysis	<input type="checkbox"/> Other:		

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*	
Name (please print) _____	Title _____
Signature _____	Date _____

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wells on 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.

ITEM 4: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 17: 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.

ITEM 23: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

NOTICES

The Privacy Act of 1974 and the regulation in 43 CFR 2.48 (d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. et seq.; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling and completing/recompleting operations on an oil and gas lease.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: Public reporting burden for this form is estimated to average 8 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Mail Stop 401 LS, Washington, D.C. 20240.

Additional Information

Location information: 00S1

SHL: SENW / 2451 FNL / 1735 FWL / TWSP: 25S / RNG: 34E / SEC: 14 / LAT: 32.1310123 /

LONG: -103.4436863

KOP: SENW / 2538 FNL / 2210 FWL / TWSP: 25S / RNG: 34E / SEC: 14 / LAT: 32.1307694 /

LONG: -103.4421532

PPP: SENW / 2220 FNL / 2203 FWL / TWSP: 25S / RNG: 34E / SEC: 14 / LAT: 32.1316433 /

LONG: -103.4421774

PPP: SESW / 0 FSL / 2173 FWL / TWSP: 25S / RNG: 34E / SEC: 11 / LAT: 32.1377448 / LONG:

-103.4422824

PPP: SENW / 2639 FSL / 2215 FWL / TWSP: 25S / RNG: 34E / SEC: 11 / LAT: 32.1449993 /

LONG: -103.4421515

EXIT: NENW / 212 FNL / 2133 FWL / TWSP: 25S / RNG: 34E / SEC: 11 / LAT: 32.1516727 /

LONG: -103.4424184

BHL: NENW / 147 FNL / 2131 FWL / TWSP: 25S / RNG: 34E / SEC: 11 / LAT: 32.1518506 /

LONG: -103.4424265

Summary of Porous Zones Information:

Formation: BONE SPRING 2ND, Descriptions, Contents, etc: null, Bottom: 10914

Formation: BONE SPRING 3RD, Descriptions, Contents, etc: null, Bottom: 11897

Formation: WOLFCAMP, Descriptions, Contents, etc: null, Bottom: 12517

Attachments: 00S1

Log Attachments:

- 1)
Wellbore_Schematic___ENDER_WIGGINS_14_WA_FED_COM_6H___2022_10_31_20221214122350.pdf
- 2) Ender_Wiggins_14_WA_Fed_Com_6H_1_Inch_Mudlog_20221214122310.pdf
- 3)
20221118_ENDER_WIGGINS_14_WA_FED_COM_6H_REV3_AS_DRILLED_20221214122324.pdf
- 4) WD_EnderWiggins14WAF6HSurveys_2022_05_19_15.10.11_20221214122342.pdf

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

ACKNOWLEDGMENTS

Action 311412

ACKNOWLEDGMENTS

Operator: MARATHON OIL PERMIAN LLC 600 W Illinois Ave Midland, TX 79701	OGRID: 372098
	Action Number: 311412
	Action Type: [C-105] Well (Re)Completion (C-105)

ACKNOWLEDGMENTS

<input checked="" type="checkbox"/>	I hereby certify that the required Water Use Report has been, or will be, submitted for this wells completion.
<input checked="" type="checkbox"/>	I hereby certify that the required FracFocus disclosure has been, or will be, submitted for this wells completion.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I hereby certify that no additives containing PFAS chemicals were added to the fluid used in the completion or recompletion of this well.

Sante Fe Main Office
Phone: (505) 476-3441

General Information
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State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 311412

CONDITIONS

Operator: MARATHON OIL PERMIAN LLC 600 W Illinois Ave Midland, TX 79701	OGRID: 372098
	Action Number: 311412
	Action Type: [C-105] Well (Re)Completion (C-105)

CONDITIONS

Created By	Condition	Condition Date
plmartinez	None	10/1/2025