

Form 3160-4  
(August 2007)**HOBBS OCD**  
**JAN 24 2018**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTSubmitted to BLM in  
WIS on 1-22-18

25-42701

**WELL COMPLETION OR RE-COMPLETION REPORT AND LOG****Bold\*** fields are required.

Section 1 - Completed by Operator	
<b>1. BLM Office*</b> Hobbs, NM	<b>2. Well Type*</b> OIL
<b>3. Completion Type*</b> New Well	
Operating Company Information	
<b>4. Company Name*</b> MCELVAIN ENERGY INC.	
<b>5. Address*</b> 1050 17TH STREET SUITE 2500  DENVER CO 80265	<b>6. Phone Number*</b> 303-893-0933
Administrative Contact Information	
<b>7. Contact Name*</b> TONY _ COOPER	<b>8. Title*</b> REGULATORY MANAGER
<b>9. Address*</b> 1050 17TH STREET SUITE 2500  DENVER CO 80265	<b>10. Phone Number*</b> 303-893-0933 _  <b>11. Mobile Number</b> 303-501-0004
<b>12. E-mail*</b> TONYC@MCELVAIN.COM	<b>13. Fax Number</b> 303-893-0914
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
<b>14. Contact Name*</b> _____ _____	<b>15. Title*</b> _____ _____
<b>16. Address*</b> _____ _____ _____	<b>17. Phone Number*</b> _____ _____  <b>18. Mobile Number</b> _____ _____
<b>19. E-mail*</b> _____ _____	<b>20. Fax Number</b> _____ _____
Surface Location	
_____ _____	

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

<b>State*</b> CO	<b>County or Parish*</b> LEA			
Section 30	Township 18S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NWNE	Lot # P	Tract # _____	N/S Footage 175 FSL	E/W Footage 860 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.

<b>State*</b> NM	<b>County or Parish*</b> LEA			
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.

<b>State*</b> CO	<b>County or Parish*</b> LEA			
Section 30	Township 18S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr __	Lot # A	Tract # _____	N/S Footage 162 FNL	E/W Footage 658 FEL
Latitude _____	Longitude _____	Metes and Bounds		

## Lease and Agreement

## 24. Lease Serial Number\*

NMNM0245247

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

## 27. Field and Pool, or Exploratory Area\*

EK BONE SPRING

## Well

## 28. Well Name\*

EK 30 BS2 FEDERAL COM

## 29. Well Number\*

1H

## 30. API Number

30-025-43701



31. Date Spudded 06/24/2017	32. Date T.D. Reached 10/15/2017	33. Date Completed 12/16/2017 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3894 Ground Level
35. Total Depth: MD 14783 TVD 9880	36. Plug Back Total Depth: MD 14671 TVD 9880	37. Depth Bridge Plug Set: MD ____ TVD ____	
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) CBL, DIRECTIONAL SURVEY		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 type="radio"/> No <input checked="" 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	J55	54.5	0	1833	___	1780	___	0	___
12.25	9.625	L80	40	0	4936	___	1600	___	0	___
8.5	5.5	HCP 110	20	0	14760	___	2165	___	0	___
___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___
___	___	___	___	___	___	___	___	___	___	___

41. Tubing Record			42. Producing Intervals		
Size	Depth Set (MD)	Packer Depth (MD)	Formation	Top (MD)	Bottom (MD)
2.875	9860	9850	A) BONE SPRING	___	___
___	___	___	B) _____	___	___
___	___	___	C) _____	___	___
___	___	___	D) _____	___	___

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status
9997	14587	0.32	623	OPEN
___	___	___	___	___
___	___	___	___	___
___	___	___	___	___

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
9997	14587	3,460,579 LBS 100 MESH, 3,309,117 LBS 40/70, 212,983 BBLs SLICKWATER
___	___	___
___	___	___

<b>45. Production Method and Well Status for Production Intervals</b>								
Production Method Gas Lift					Well Status Producing Oil Well			
<b>46. Production - Interval A</b>								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
		24	>>>>>				38	.856
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
		0	>>>>>					
<b>47. Production - Interval B</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	
			>>>>>					
<b>48. Production - Interval C</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	
			>>>>>					
<b>49. Production - Interval D</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	
			>>>>>					
<b>50. Disposition of Gas (Sold, used for fuel, vented, etc.)</b>								
Sold								
<b>51. Summary of Porous Zones (Include Aquifers):</b> 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.							<b>52. Formation (Log) Markers</b>	
Formation	Top	Bottom	Descriptions, Contents, etc.				Name	Top (MD)



SAN ANDRES	5227	_____	_____	_____	_____
DELAWARE	5435	_____	_____	_____	_____
BONE SPRING	7659	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

53. Additional remarks (include plugging procedure):

54. Indicate which items have been attached by placing a check in the appropriate boxes:

- |  |  |                                     |  |
|--|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> Electrical/Mechanical Logs (1 full set req'd.) | <input type="checkbox"/> Geologic Report | <input type="checkbox"/> DST Report | <input checked="" type="checkbox"/> Directional Survey |
| <input type="checkbox"/> Sundry Notice for plugging and cement verification        | <input type="checkbox"/> Core Analysis   | <input type="checkbox"/> Other:     |  |

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

<b>55. Name</b> TONY _ COOPER	<b>56. Title</b> REGULATORY MANAGER
<b>57. Date*</b> (MM/DD/YYYY) 01/22/2018 <input type="text" value="Today"/>	<b>58. Signature*</b> <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  		

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

74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
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77. Comments

**Section 7 - Final Approval Status**

78. Disposition

79. Date  
Completed

80. Reviewer Name

81. Reviewer Title

82. Comments

**INSTRUCTIONS**

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

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

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

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

**ITEM 40:** 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).

**PRIVACY ACT**

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. 396; 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) 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 THE 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:

This information is being collected 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 completing/recompleting and operations on an oil and gas lease.

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 60 minutes 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), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.