

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**

<sup>1</sup> Operator name and Address McElvain Energy Inc 1050 17 <sup>th</sup> St Ste 2500 Denver CO 80265		<sup>2</sup> OGRID Number 22044
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 025- 43884	<sup>5</sup> Pool Name EK Bone Spring	<sup>6</sup> Pool Code 21650
<sup>7</sup> Property Code 316077	<sup>8</sup> Property Name EK 31 BS2 Federal Com	<sup>9</sup> Well Number 1H

**II. <sup>10</sup> Surface Location**

Ul or lot no. P	Section 30	Township 18S	Range 34E	Lot Idn	Feet from the 124	North/South FSL	Feet from the 892	East/West line FEL	County LEA
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**<sup>11</sup> Bottom Hole Location**

UL or lot P	Section 30	Township 18S	Range 34E	Lot Idn	Feet from the 165	North/South line FSL	Feet from the 906	East/West line FEL	County LEA
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method GAS LIFT	<sup>14</sup> Gas Connection 11/1/2017	<sup>15</sup> C-129 Permit Number NA	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
902298	SHELL TRADING COMPANY 100 MAIN, HOUSTON TX, 77002 PO BOX 4604 72210-4604	O
	TARGA VERSADO LP 1000 LA ST STE. 4300 HOUSTON TX, 77002	G
22044	McElvain Energy Inc. / Seely Recycle Facility - 31 18S 34E 1050 17 <sup>th</sup> Street Denver CO 80265	W

**IV. Well Completion Data**

<sup>21</sup> Spud Date 7/2/17	<sup>22</sup> Ready Date 12/26/17	<sup>23</sup> TD 14796' 10022	<sup>24</sup> PBSD 14686'	<sup>25</sup> Perforations 10012'-14686'	<sup>26</sup> DHC, MC DHC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17.5	13.375" J55	1800	1780		
12.25	9.625" L80 40#	4936	1600		
8.5	5.5 P110 20#	14796	2175		

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### V. Well Test Data

<sup>31</sup> Date New Oil 12/26/17	<sup>32</sup> Gas Delivery Date 12/23/17	<sup>33</sup> Test Date 12/26/17	<sup>34</sup> Test Length 24	<sup>35</sup> Tbg. Pressure 0	<sup>36</sup> Csg. Pressure 919
<sup>37</sup> Choke Size 18/64	<sup>38</sup> Oil 99	<sup>39</sup> Water 1295	<sup>40</sup> Gas 43		<sup>41</sup> Test Method FLOW

<sup>42</sup> 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:

TONY G COOPER

Title: REGULATORY MGR

E-mail Address:

TONY.COOPER@MCELVAIN.COM

Date:

11/5/2018

Phone:

303-962-6489

### OIL CONSERVATION DIVISION

Approved by:

*Karen Sharp*

Title:

*Staff Mgr*

Approval Date:

*2-2-18*

Pending BLM approvals will subsequently be reviewed and scanned

*GLP/24-17*

Form 3160-4  
(August 2007)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTSubmitted in WIS  
on 1-22-18  
HOBBS OGD  
JAN 24 2018  
RECEIVED**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 SESE	Lot # P	Tract # _____	N/S Footage 124 FSL	E/W Footage 892 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 31	Township 18S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr __	Lot # P	Tract # _____	N/S Footage 165 FSL	E/W Footage 906 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 31 BS2 FEDERAL COM

29. Well Number\*

1H

30. API Number

30-025-43884

1/22/2018



45. Production Method and Well Status for Production Intervals								
Production Method Gas Lift					Well Status Producing Oil Well			
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
12/21/2017	12/26/2017	24	>>>>>	255	168	1116	38	.856
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
18	0	925	>>>>>	99	43	1295	434	
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.)								
Sold								
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)

SAN ANDREAS	5228	_____	_____	_____	_____
DELAWARE	5394	_____	_____	_____	_____
BONE SPRING	7642	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

53. Additional remarks (include plugging procedure):

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
- ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ 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="button" 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) (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.