

Form 3160-4
(August 2007)

OCD - HOBBS
08/04/2016
RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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* INJECTION
3. Completion Type* New Well	
<div style="text-align: right; color: red; font-weight: bold;"> TEMPORARILY ACCEPTED FOR RECORD ONLY PENDING RECEIPT OF APPROVED BLM APPROVED FORM 3160-4 </div>	
Operating Company Information	
4. Company Name* DCP MIDSTREAM, LP	
5. Address* 370 17TH STREET SUITE 2500 DENVER CO 80208-5406	6. Phone Number* 505-842-8000
Administrative Contact Information	
7. Contact Name* ALBERTO A GUTIERREZ	8. Title* CONSULTANT TO DCP MIDSTREAM LP
9. Address* GEOLEX, INC 500 MARQUETTE AVE NW ALBUQUERQUE NM 87102	10. Phone Number* 505-842-8000 ____
	11. Mobile Number _____
12. E-mail* aag@geolex.com	13. Fax Number 505-842-7380
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	
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 19	Township 19S	Range 32E	Meridian	
Qtr/Qtr NWSW	Lot # 3	Tract # _____	N/S Footage 2100 FSL	E/W Footage 950 FWL
Latitude 32.644599	Longitude 103.811145	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* NM	County or Parish* LEA			
Section 19	Township 19S	Range 32E	Meridian	
Qtr/Qtr SWNW	Lot # —	Tract # _____	N/S Footage 2291 FNL	E/W Footage 753 FWL
Latitude 32.646972	Longitude 103.811740	Metes and Bounds		

Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

State* NM	County or Parish* LEA			
Section 19	Township 19S	Range 32E	Meridian	
Qtr/Qtr SWNW	Lot # —	Tract # _____	N/S Footage 2099 FNL	E/W Footage 862 FWL
Latitude 32.647507	Longitude 103.811392	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number* NMLC065863	_____
26. If Unit or CA/Agreement, Name and/or Number _____	27. Field and Pool, or Exploratory Area* AGI

Well

28. Well Name* ZIA AGI		29. Well Number* 1		30. API Number 30-025-42208	
31. Date Spudded 12/23/2014	32. Date T.D. Reached 01/25/2015	33. Date Completed 07/20/2015 <input type="checkbox"/> Dry & Abandoned <input type="checkbox"/> Ready to Produce		34. Elevations (DF, RKB, RT, GL) 3550 Ground Level	
35. Total Depth: MD 6360 TVD 6195		36. Plug Back Total Depth: MD 6360 TVD 6195		37. Depth Bridge Plug Set: MD _____ TVD _____	
38. Type Electric & Other Mechanical Logs Run			39.		

(Submit copy of each)
SEE ADDITIONAL REMARKS

Was Well Cored? ☐ No ☒ Yes (Submit Analysis)

Was DST run? ☒ No ☐ Yes (Submit Report)

Directional Survey? ☐ No ☒ 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	68	0	842	—	600	182	0	0
12.25	9.625	J55	40	0	4921	2380	4250	1200	0	0
8.5	7.625	HCL-80	29.7	0	319	—	872	974	0	0
8.5	7	HCL-80	26	319	5306	4578	—	—	—	—
8.5	7	CR-VMTP	26	5306	5615	—	—	—	—	—
8.5	7	HCL-80	26	5615	6344	—	—	—	—	—

41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
3.5	5575	5579
—	—	—
—	—	—

42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) LOWER CHERRY CANYON	5682	5770
B) UPPER BRUSHY CANYON	5770	6260
C) _____	—	—
D) _____	—	—

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
5682	5756	0.5	768	OPEN
5788	5890	0.5	612	OPEN
5907	6010	0.5	618	OPEN
6030	6136	0.5	636	OPEN

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

Top	Bottom	Amount and Type of Material
5682	6260	35 BARRELS (1740 GALLONS) OF 15% HCL
—	—	—
—	—	—
—	—	—

45. Production Method and Well Status for Production Intervals

Production Method
(Please Choose Method)

Well Status
Gas Injection 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
—	—	—	>>>>>	—	—	—	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	—	—	—	—	—	—	—	—

_____	_____	_____	_____	>>>>>	_____	_____	_____	_____
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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.*)

Other _____

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)
_____	_____	_____	_____	TANSILL	2359
_____	_____	_____	_____	YATES	2496
_____	_____	_____	_____	SEVEN RIVERS	2690
_____	_____	_____	_____	CAPITAN REEF	2796
_____	_____	_____	_____	GOAT SEEP-QUEEN	4514
_____	_____	_____	_____	DELAWARE MTN. GROUP	4796
_____	_____	_____	_____	CHERRY CANYON	5010
_____	_____	_____	_____	BRUSHY CANYON	5770

53. Additional remarks (include plugging procedure):

The Zia AGI #1 is used for acid gas injection, therefore many of the questions and data requests herein are not applicable. All of the open hole and cased hole electric logs, mud logs, and cement bond logs were submitted with appropriate Form 3160-5. The final well directional survey, completed well schematic, and sidewall coring analysis are attached.

There were 5 zones perforated, and the 5th zone has the following information:

Perforated Interval Size No. Holes Perf. Status

6162 TO 6260 0.5 768 OPEN

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)*

55. Name

ALBERTO A GUTIERREZ

56. Title

CONSULTANT TO DCP MIDSTREAM LP

57. Date* (MM/DD/YYYY)

08/03/2016

58. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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

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

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.

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.