

HOBBS OCD

JAN 28 2014

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Operator Copy

FORM APPROVED
OMB NO. 1004-0137
Expires: October 31, 2014WELL COMPLETION OR RECOMPLETION REPORT AND LOG
RECEIVED

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NMNM0149957	
b. 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. Resrv., Other: _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator MANZANO, LLC		7. Unit or CA Agreement Name and No.	
3. Address P.O. BOX 2107 - ROSWELL, NM 88202-2107		8. Lease Name and Well No. GREEN FROG CAFE FEDERAL #1H	
3a. Phone No. (include area code) 575-623-1996		9. API Well No. 30-025-40828	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNE - 810' FNL & 2310' FEL - SECTION 18-T20S-R33E At top prod. interval reported below NWNE - 810' FNL & 2310' FEL - SECTION 18-T20S-R33E At total depth NENW - 820' FNL & 2030' FWL - SECTION 17-T20S-R33E		10. Field and Pool or Exploratory SALT LAKE, BONE SPRINGS	
14. Date Spudded 12/01/2012		11. Sec., T., R., M., on Block and Survey or Area SECTION 18 - T20S-R33E	
15. Date T.D. Reached 01/15/2013		12. County or Parish LEA	
16. Date Completed 04/17/2013 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		13. State NM	
17. Elevations (DF, RKB, RT, GL)* 3546' KB			
18. Total Depth: MD 14156' TVD 10104'		19. Plug Back T.D.: MD 14130' TVD 10102'	
20. Depth Bridge Plug Set: MD TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA RAY/NUETRON-DENSITY/ARRAY INDUCTION		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)	
23. Casing and Liner Record (Report all strings set in well)			
24. Tubing Record			
Size	Depth Set (MD)	Packer Depth (MD)	Size
2.875	9326		
25. Producing Intervals			
Formation	Top	Bottom	Perforation Record
A) BONE SPRING	10417	14130	Perforated Interval
B)			Size
C)			No. Holes
D)			Perf. Status
26. Perforation Record			
27. Acid, Fracture, Treatment, Cement Squeeze, etc.			
Depth Interval	Amount and Type of Material		
10417-14130	FRAC WITH 51,750bbls CROSS LINK GEL + 2,750,000# 20/40 SAND		
28. Production - Interval A			
Date First Produced	Test Date	Hours Tested	Test Production
03/01/13	04/17/13	24	→
Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API
72	61	244	37.5
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate
NA	NA	80	→
Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio
72	61	244	847
Well Status PRODUCING OIL WELL			
28a. Production - Interval B			
Date First Produced	Test Date	Hours Tested	Test Production
			→
Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API
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)

RECLAMATION
DUE 10-17-13

JUN 15 2013

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

FEB 12 2014

dm

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.)
SOLD

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	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
SALADO	1205	2670	BRINE WATER FLOW @ 2187'	RUSTLER	1035
				TOP OF SALT	1205
				BASE OF SALT	2670
				YATES	2820
				DELAWARE	5315
				BONE SPRINGS	8100

32. Additional remarks (include plugging procedure):

33. 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: GYRO

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) MIKE HANAGAN Title MANAGING MEMBER
 Signature *Mike Hanagan* Date 06/05/2013

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.