

Form 3160-4  
(August 2007)

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	
<b>1. BLM Office*</b> Hobbs, NM	<b>2. Well Type*</b> <del>INJECTION</del> <i>Salt</i>
<b>3. Completion Type*</b> Plug Back	
Operating Company Information	
<b>4. Company Name*</b> NEARBURG PRODUCING COMPANY	
<b>5. Address*</b> 3300 NORTH A STREET, BUILDING 2 SUITE 120 MIDLAND TX 79705	<b>6. Phone Number*</b> 432-686-8235
Administrative Contact Information	
<b>7. Contact Name*</b> VICKI _ JOHNSTON	<b>8. Title*</b> GSS-AGENT FOR NPC
<b>9. Address*</b> 3416 W. WALL STREET SUITE 102A MIDLAND TX 79701	<b>10. Phone Number*</b> 830-537-4599 ____ <b>11. Mobile Number</b> _____ <b>12. E-mail*</b> vjohnston1@gmail.com
Technical Contact Information	
<input type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
<b>14. Contact Name*</b> TIM _ GREEN	<b>15. Title*</b> PRODUCTION MANAGER
<b>16. Address*</b> 3300 N. A STREET, BLDG. 2 SUITE 120 MIDLAND TX 79705	<b>17. Phone Number*</b> 432-818-2940 ____ <b>18. Mobile Number</b> _____ <b>19. E-mail*</b> tgreen@nearburg.com
<b>20. Fax Number</b> _____	
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	

JUN 03 2015

<b>State*</b> NM	<b>County or Parish*</b> LEA			
Section 25	Township 20S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr SENW	Lot # —	Tract # —	N/S Footage 1650 FNL	E/W Footage 1980 FWL
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> —	<b>County or Parish*</b> —			
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> —	<b>County or Parish*</b> —			
Section —	Township —	Range —	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —
Latitude —	Longitude —	Metes and Bounds		

**Lease and Agreement**

<b>24. Lease Serial Number*</b> NMNM56265	
26. If Unit or CA/Agreement, Name and/or Number —	<b>27. Field and Pool, or Exploratory Area*</b> LEA

**Well**

<b>28. Well Name*</b> FEDERAL L	<b>29. Well Number*</b> 1 <i>SWD</i>	<b>30. API Number</b> 30-025-20811
31. Date Spudded 01/14/1964	32. Date T.D. Reached 05/18/1964	33. Date Completed 05/01/2015 <input type="checkbox"/> Dry & Abandoned <input type="checkbox"/> Ready to Produce
		34. Elevations (DF, RKB, RT, GL) 3702 Ground Level

35. Total Depth: <div style="text-align: right;">MD 14700 TVD _____</div>	36. Plug Back Total Depth: <div style="text-align: right;">MD 3895 TVD _____</div>	37. Depth Bridge Plug Set: <div style="text-align: right;">MD _____ TVD _____</div>
38. Type Electric & Other Mechanical Logs Run <i>(Submit copy of each)</i> CBL		39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Analysis)</i> Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Report)</i> Directional Survey? <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Copy)</i>

40. Casing and Liner Record <i>(Report all strings set in well)</i>										
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	H40	48	0	853	_____	800	_____	0	_____
12	9.625	N80J55	40	0	5490	_____	400	_____	0	_____
8.75	7	N80	35	0	14556	_____	1000	_____	0	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

41. Tubing Record <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Size</th> <th>Depth Set (MD)</th> <th>Packer Depth (MD)</th> </tr> <tr> <td>2.875</td> <td>3634</td> <td>3634</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table>	Size	Depth Set (MD)	Packer Depth (MD)	2.875	3634	3634	_____	_____	_____	_____	_____	_____	42. Producing Intervals <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Formation</th> <th>Top (MD)</th> <th>Bottom (MD)</th> </tr> <tr> <td>A) YATES</td> <td>3647</td> <td>3988</td> </tr> <tr> <td>B) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>C) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>D) _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Formation	Top (MD)	Bottom (MD)	A) YATES	3647	3988	B) _____	_____	_____	C) _____	_____	_____	D) _____	_____	_____
Size	Depth Set (MD)	Packer Depth (MD)																										
2.875	3634	3634																										
_____	_____	_____																										
_____	_____	_____																										
Formation	Top (MD)	Bottom (MD)																										
A) YATES	3647	3988																										
B) _____	_____	_____																										
C) _____	_____	_____																										
D) _____	_____	_____																										

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status
3705	3832	0.46	220	OPEN
8325	8346	_____	_____	ABANDONED
9608	9636	_____	_____	ABANDONED
10064	10074	0.4	22	ABANDONED

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
6745	6755	1190 SACKS CLASS C NEAT
_____	_____	_____
_____	_____	_____
_____	_____	_____

45. Production Method and Well Status for Production Intervals								
Production Method					Well Status			
Other					Water Disposal 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	_____
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

**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.*)**

No Measurable Gas

<b>51. Summary of Porous Zones (<i>Include Aquifers</i>):</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)
YATES	3647	3988	WATER	RUSTLER	1717
_____	_____	_____	_____	YATES	3647
_____	_____	_____	_____	SEVEN RIVERS	3988
_____	_____	_____	_____	CAPITAN	4092
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**53. Additional remarks (include plugging procedure):**

Additional perfs: 13,344'-13,406'(38 holes - abandoned).

Logs sent to BLM.

Balance plug set at 5386'-5575'.

54. 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 checked="" 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)\*

**55. Name**  
VICKI L JOHNSTON

**56. Title**  
GSS-AGENT FOR NPC

**57. Date\*** (MM/DD/YYYY)  
05/21/2015 

**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 302622	60. Date Sent 05/21/2015	61. Processing Office Hobbs, NM
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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 _____
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.