

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**HOBBS OCD**
NOV 30 2016
RECEIVED**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* OIL
3. Completion Type* New Well	
Operating Company Information	
4. Company Name* MCELVAIN ENERGY INC	
5. Address* 1050 17TH ST STE 2500 DENVER CO 80265	6. Phone Number* 303-893-0933
Administrative Contact Information	
7. Contact Name* TONY G COOPER	8. Title* SR EHS SPECIALIST
9. Address* 1050 17TH ST STE 2500 DENVER CO 80265	10. Phone Number* 303-962-6489 ____ 11. Mobile Number 303-501-0004
12. E-mail* TONY.COOPER@MCELVAIN.COM	13. Fax Number 303-893-0914
Technical Contact Information	
<input type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
14. Contact Name* CHRIS _ CAPLIS	15. Title* VP DRILLING AND COMPLETION
16. Address* 1050 17TH ST STE 2500 DENVER CO 80265	17. Phone Number* 303-962-6475 ____ 18. Mobile Number 303-601-4884
19. E-mail* CHRIS.CAPLIS@MCELVAIN.COM	20. Fax Number 303-893-0914
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 30	Township 18S	Range 34E	Meridian 6TH PRINCIPAL	
Qtr/Qtr —	Lot # P	Tract # —	N/S Footage 175 FSL	E/W Footage 100 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.

State* CO	County or Parish* LEA			
Section 29	Township 18S	Range 34E	Meridian 6TH PRINCIPAL	
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.

State* CO	County or Parish* LEA			
Section 29	Township 18S	Range 34E	Meridian 6TH PRINCIPAL	
Qtr/Qtr —	Lot # D	Tract # —	N/S Footage 510 FNL	E/W Footage 660 FWL
Latitude —	Longitude —	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number* NMNM116166	
26. If Unit or CA/Agreement, Name and/or Number —	27. Field and Pool, or Exploratory Area* EK BONE SPRINGS

Well

28. Well Name* EK 29 BS2 FEDERAL COM	29. Well Number* 4H	30. API Number 30-025-42700
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11/30/2016

		21 STAGES HYDRAULICALLY FRACTURED						
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
			>>>>>					
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 (<i>Sold, used for fuel, vented, etc.</i>) Flared								
51. Summary of Porous Zones (<i>Include Aquifers</i>): 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)
RUSTLER	1729	—	—	SAN ANDRES	5248
SALT	1789	—	—	DELAWARE	5433
YATES	3304	—	—	BONE SPRING	7742
SEVEN RIVERS	3729	—	—	—	—
QUEEN	4504	—	—	—	—
SAN ANDRES	5248	—	—	—	—
DELAWARE	5433	—	—	—	—
BONE SPRING	7742	—	—	—	—

53. Additional remarks (include plugging procedure):

WELL IS CURRENTLY BEING FLOWED BACK AFTER THE COMPLETION. TARGA VERSADO GAS SALES LINE IS NOT IN YET DUE TO ROW HOLD UP (BLM). SHOULD BE INSTALLED IN 6-8 WEEKS. GAS WILL BE FLARED UNTIL SALES LINE IS INSTALLED. ESP WILL BE RUN IN HOLE AFTER FLOWBACK ENDS.

MCELVAIN IS REQUESTING PRODUCTION VOLUMES ASSOCIATED WITH THIS WELL TO BE KEPT IN CONFIDENTIAL NON-PUBLISHED STATUS FOR AS LONG AS POSSIBLE.

This is the correct completion report for this well. The report submitted to the WIS on 10/14/2016 had some errors in it. THIS IS THE CORRECT ONE!

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 TONY G COOPER	56. Title SENIOR EHS SPECIALIST
57. Date* (MM/DD/YYYY) 11/14/2016 <input type="text" value="Today"/>	58. Signature* <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 359176	60. Date Sent 11/29/2016	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

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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.