

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

¹ Operator name and Address McElvain Energy Inc 1050 17 th St Ste 2500 Denver CO 80265		² OGRID Number 22044	
⁴ API Number 30 - 025- 43883		³ Reason for Filing Code/ Effective Date NW	
⁵ Pool Name EK Bone Spring	⁶ Pool Code 21650		⁹ Well Number 2H
⁷ Property Code 315044	⁸ Property Name EK 30 BS2 Federal Com		

HOBBS OGD
JAN 24 2018
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NSL-7504

II. ¹⁰ Surface Location

Ul or lot no. P	Section 30	Township 18S	Range 34E	Lot Idn	Feet from the 150	North/South FSL	Feet from the 876	East/West line FEL	County LEA
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¹¹ Bottom Hole Location

UL or lot B	Section 30	Township 18S	Range 34E	Lot Idn	Feet from the 291	North/South line FNL	Feet from the 1901	East/West line FEL	County LEA
¹² Lse Code F	¹³ Producing Method GAS LIFT		¹⁴ Gas Connection 11/1/2017		¹⁵ C-129 Permit Number NA		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date


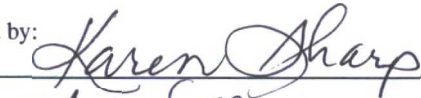
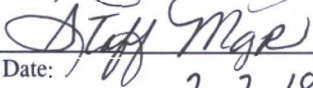
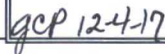
III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ 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 th Street Denver CO 80265	W

IV. Well Completion Data

²¹ Spud Date 6/28/17	²² Ready Date 1-12-18	²³ TD 14860'	²⁴ PBTB 14748'	²⁵ Perforations 10074'-14664'	²⁶ DHC, MC DHC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17.5	13.375" J55	1815	1780		
12.25	9.625" L80 40#	4936	1600		
8.5	5.5 P110 20#	14860	2175		

V. Well Test Data

³¹ Date New Oil 1-19-18	³² Gas Delivery Date 1-19-18	³³ Test Date 1-19-18	³⁴ Test Length 24	³⁵ Tbg. Pressure 300	³⁶ Csg. Pressure 1090
³⁷ Choke Size 38	³⁸ Oil 323	³⁹ Water 930	⁴⁰ Gas	158	⁴¹ Test Method
⁴² 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: 			OIL CONSERVATION DIVISION		
Printed name: TONY G COOPER			Approved by: 		
Title: REGULATORY MGR			Title: 		
E-mail Address: TONY.COOPER@MCELVAIN.COM			Approval Date: 2-2-18		
Date: 11/5/2018	Phone: 303-962-6489	Pending BLM approvals will subsequently be reviewed and scanned 			

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT*Submitted to BLM in
WIS on 1-23-18.***WELL COMPLETION OR RE-COMPLETION REPORT AND LOG**

Bold* fields are required.

30-025-43883

HOBBS OCD
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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 STREET SUITE 2500 DENVER CO 80265	6. Phone Number* 303-893-0933
Administrative Contact Information	
7. Contact Name* TONY _ COOPER	8. Title* REGULATORY MANAGER
9. Address* 1050 17TH STREET SUITE 2500 DENVER CO 80265	10. Phone Number* 303-893-0933 _
	11. Mobile Number 303-501-0004
12. E-mail* TONYC@MCELVAIN.COM	13. Fax Number 303-893-0914
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	

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

State* CO	County or Parish* LEA			
Section 30	Township 18S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NWNE	Lot # P	Tract # _____	N/S Footage 150 FSL	E/W Footage 876 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* NM	County or Parish* 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.

State* CO	County or Parish* LEA			
Section 30	Township 18S	Range 34E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr __	Lot # B	Tract # _____	N/S Footage 291 FNL	E/W Footage 1901 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 30 BS2 FEDERAL COM

29. Well Number*

2H

30. API Number

30-025-43883

31. Date Spudded 06/24/2017	32. Date T.D. Reached 10/15/2017	33. Date Completed 12/16/2017 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3894 Ground Level
35. Total Depth: MD 14860 TVD 9837	36. Plug Back Total Depth: MD 14748 TVD 9836	37. Depth Bridge Plug Set: MD _____ TVD _____	
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) CBL, DIRECTIONAL SURVEY		39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input type="radio"/> No <input checked="" type="radio"/> 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	54.5	0	1815	—	1780	—	0	—
12.25	9.625	L80	40	0	4936	—	1600	—	0	—
8.5	5.5	HCP 110	20	0	14860	—	2175	—	0	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

41. Tubing Record			42. Producing Intervals		
Size	Depth Set (MD)	Packer Depth (MD)	Formation	Top (MD)	Bottom (MD)
2.875	—	—	A) BONE SPRING	—	—
—	—	—	B) —————	—	—
—	—	—	C) —————	—	—
—	—	—	D) —————	—	—

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status
10074	14664	0.32	623	OPEN
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
10074	14664	3,595,083 LBS 100 MESH, 3,539,161 LBS 40/70, 240,766 BBLS SLICKWATER
—	—	—
—	—	—

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
01/19/2018	01/19/2018	24	>>>>>	323	158	930	38	.856
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
38	300	1090	>>>>>	323	158	930	489	

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 ANDRES	5305	___	___	___	___
DELAWARE	5523	___	___	___	___
BONE SPRING	7699	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___

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)*

55. Name TONY _ COOPER	56. Title REGULATORY MANAGER
57. Date* (MM/DD/YYYY) 01/23/2018 <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 _____	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.