

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 Caza Operating LLC 200 N. Lorraine St. #1550, Midland, TX 79701		² OGRID Number 249099
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 0 25-42972	⁵ Pool Name FEATHERSTONE; BONE SPRING	⁶ Pool Code 24250
⁷ Property Code 317383	⁸ Property Name Desert Rose Federal	⁹ Well Number 1H

II. ¹⁰ Surface Location

UL or lot no. M	Section 17	Township 20S	Range 35E	Lot Idn	Feet from the 190	North/South Line South	Feet from the 467	East/West line West	County Lea
--------------------	---------------	-----------------	--------------	---------	----------------------	---------------------------	----------------------	------------------------	---------------

¹¹ Bottom Hole Location

UL or lot no. L	Section 8	Township 20S	Range 35E	Lot Idn	Feet from the 2595	North/South line South	Feet from the 468	East/West line West	County Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 03/02/2019	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

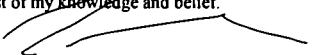
¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
34053	Plains Marketing, LP 333 Clay St. #1600, Houston, TX 77002	O
703107	Lucid Energy Group, LLC 3100 McKinnon Street, Suite 800 Dallas, TX 88240	G
	Hydrosteam Oilfield Services 2013 E. Oak, Hobbs, NM 88240	W

IV. Well Completion Data

²¹ Spud Date 12/08/2018	²² Ready Date 03/02/2019	²³ TD 19215	²⁴ PBDT 19095	²⁵ Perforations 11616' - 19121'	²⁶ DHC, MC
²⁷ Hole Size 17.5	²⁸ Casing & Tubing Size 13.375	²⁹ Depth Set 1851	³⁰ Sacks Cement 1290		
12.25	9.625	5612	1884		
8.75	5.5	19214	2574		

V. Well Test Data

³¹ Date New Oil 03/02/2019	³² Gas Delivery Date 03/02/2019	³³ Test Date 03/11/2019	³⁴ Test Length 24hrs	³⁵ Tbg. Pressure 580	³⁶ Csg. Pressure 1050
³⁷ Choke Size 28/64	³⁸ Oil 545	³⁹ Water 446	⁴⁰ Gas 501		⁴¹ Test Method Flowing

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: 

Printed name:
Steve Morris

Title:
Contract Engineer

E-mail Address:
steve.morris@mojoenergy.com

Date:
08/14/2018

Phone:
432-201-3031

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Documents pending BLM approvals will
subsequently be reviewed and scanned

Submit To Appropriate District Office Two Copies 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 and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505	Form C-105 Revised August 1, 2011								
		1. WELL API NO. 30-025-42972								
		2. Type of Lease <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED/INDIAN								
		3. State Oil & Gas Lease No.								
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)		5. Lease Name or Unit Agreement Name Eagleclaw Federal								
		6. Well Number: 1H								
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator Caza Operating LLC		9. OGRID 249099								
10. Address of Operator 200 N. Lorraine St, Midland, TX 79701		11. Pool name or Wildcat FEATHERSTONE; BONE SPRING								
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	17	20S	35E		190	south	467	west	Lea
BH:	L	8	20S	35E		2595	south	468	west	Lea
13. Date Spudded 12/08/2018	14. Date T.D. Reached 1/10/2019		15. Date Rig Released 1/11/2019		16. Date Completed (Ready to Produce) 03/02/2019			17. Elevations (DF and RKB, RT, GR, etc.) 3690		
18. Total Measured Depth of Well 19215			19. Plug Back Measured Depth 19095			20. Was Directional Survey Made? yes			21. Type Electric and Other Logs Run Gamma and Res, CBL	
22. Producing Interval(s), of this completion - Top, Bottom, Name 11616 - 19121' Bone Spring										
CASING RECORD (Report all strings set in well)										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
13.375		54.5		1851		17.5		1290sx		
9.625		40		4330		12.25		1884sx		
5.5		20		19214		8.75		2574sx		
24. LINER RECORD						25. TUBING RECORD				
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		SIZE	DEPTH SET	PACKER SET		
						2.875	11088	11086		
26. Perforation record (interval, size, and number) 11,726-18,532 46 stages, 4 clusters/ stage, 32 holes per cluster						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED _____ _____ _____				
PRODUCTION										
Date First Production 03/02/2019		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) flowing				Well Status (<i>Prod. or Shut-in</i>) producing				
Date of Test 03/11/2019	Hours Tested 24	Choke Size 28/64	Prod'n For Test Period	Oil - Bbl 545	Gas - MCF 501	Water - Bbl. 446	Gas - Oil Ratio 0.91:1			
Flow Tubing Press. 580	Casing Pressure 1050	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>)				
29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) sold								30. Test Witnessed By Kevin Garrett		
31. List Attachments logs										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude _____ Longitude _____ NAD 1927 1983 I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature _____			Printed Name Steve Morris			Title Contract Engineer			Date 03/25/20	
E-mail Address steve.morris@mojoenergy.com										

Accepted for Record Only

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Canyon ⁵⁸⁴⁸	T. Ojo Alamo	T. Penn A"
T. Salt ²²⁷⁴	T. Strawn	T. Kirtland	T. Penn. "B"
B. Salt ³⁸⁰¹	T. Atoka	T. Fruitland	T. Penn. "C"
T. Yates ³⁸²⁵	T. Miss	T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers	T. Devonian	T. Cliff House	T. Leadville
T. Queen	T. Silurian	T. Menefee	T. Madison
T. Grayburg	T. Montoya	T. Point Lookout	T. Elbert
T. San Andres	T. Simpson	T. Mancos	T. McCracken
T. Glorieta	T. McKee	T. Gallup	T. Ignacio Otzte
T. Paddock	T. Ellenburger	Base Greenhorn	T.Granite
T. Blinebry	T. Gr. Wash	T. Dakota	
T.Tubb	T. Delaware Sand	T. Morrison	
T. Drinkard	T. Bone Springs ⁸⁴⁶²	T.Todilto	
T. Abo	T.	T. Entrada	
T. Wolfcamp	T.	T. Wingate	
T. Penn	T.	T. Chinle	
T. Cisco (Bough C)	T.	T. Permian	

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....

No. 2, from.....to.....

No. 3, from.....to.....

No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD

MAY 15 2019

WELL COMPLETION OR RE-COMPLETION REPORT AND RECEIVED

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* CAZA OPERATING LLC	
5. Address* 200 N LORRAINE ST #1550 MIDLAND TX 79701	6. Phone Number* 432-682-7424
Administrative Contact Information	
7. Contact Name* STEVE _ MORRIS	8. Title* CONTRACT ENGINEER
9. Address* 200 N LORRAINE ST #1550 MIDLAND TX 79701	10. Phone Number* 985-415-9729 _
	11. Mobile Number _____
12. E-mail* steve.morris@morcorengineering.com	13. Fax Number _____
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*	County or Parish*

Documents pending BLM approvals will
subsequently be reviewed and scanned

NM	LEA			
Section 17	Township 20S	Range 35E	Meridian	
Qtr/Qtr NWSW	Lot # —	Tract # —	N/S Footage 190 FSL	E/W Footage 467 FWL
Latitude 32.566442	Longitude 103.486514	Metes and Bounds		

Producing Interval Location				
22. Specify location or <input checked="" type="checkbox"/> Check here if the producing hole location is the same as the surface location.				
State* —	County or Parish* —			
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 <input type="checkbox"/> Check here if the bottom hole location is the same as the surface location.				
State* NM	County or Parish* LEA			
Section 8	Township 20S	Range 35E	Meridian	
Qtr/Qtr NWSW	Lot # —	Tract # —	N/S Footage 2595 FSL	E/W Footage 468 FWL
Latitude 32.587557	Longitude 103.48649	Metes and Bounds		

Lease and Agreement	
24. Lease Serial Number* NMNM132076	
26. If Unit or CA/Agreement, Name and/or Number —	27. Field and Pool, or Exploratory Area* FEATHERSTONE; BONE SPRING

Well			
28. Well Name* DESERT ROSE FEDERAL	29. Well Number* 1H	30. API Number 30-025-42972	
31. Date Spudded 12/08/2018	32. Date T.D. Reached 01/09/2019	33. Date Completed 03/02/2019 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3715 Kelly Bushing
35. Total Depth: MD 19215 TVD 11448	36. Plug Back Total Depth: MD 19095 TVD 11288	37. Depth Bridge Plug Set: MD — TVD —	

38. Type Electric & Other Mechanical Logs Run
(Submit copy of each)
GAMMA RAY, MUD LOG

39.
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 Sk.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	J55	54.5	0	1851	—	1290	358	0	—
12.25	9.625	L80	40	0	3906	3906	1139	69	0	—
12.25	9.625	HCL80	40	3906	5612	3906	745	212	3906	—
8.75	5.5	P110	20	0	19214	—	2574	918	4520	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
2.875	11088	11097
—	—	—
—	—	—

42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) 3RD BONE SPRING	11616	19121
B) —	—	—
C) —	—	—
D) —	—	—

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
11616	19121	0.42	1560	OPEN
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

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

Top	Bottom	Amount and Type of Material
11616	19121	16,353,310 LBS. OF 40/70 WHITE & 3,567,770 LBS. OF SLC
—	—	—
—	—	—
—	—	—

45. Production Method and Well Status for Production Intervals

Production Method	Well Status
Flows From Well	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
03/02/2019	03/11/2019	24	>>>>>	454	501	446	36	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	

28/64	580	___	1050	>>>>>	454	501	446	___	___
-------	-----	-----	------	-------	-----	-----	-----	-----	-----

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)
1ST BONE SPRING SAND	9738	10124	SAND	___	___
2ND BONE SPRING SAND	10438	10963	SAND	___	___
3RD BONE SPRING SAND	11435	___	SAND	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___

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

STEVE _ MORRIS

56. Title

CONTRACT ENGINEER

57. Date* (MM/DD/YYYY)

03/16/2019

Today

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 Status66. Review Category
_____67. Date Completed
_____68. Reviewer Name
_____69. Comments

Section 5 - Internal Review #3 Status70. Review Category
_____71. Date Completed
_____72. Reviewer Name
_____73. Comments

Section 6 - Internal Review #4 Status74. Review Category
_____75. Date Completed
_____76. Reviewer Name
_____77. Comments

Section 7 - Final Approval Status78. 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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

MAY 15 2019

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

5. Lease Serial No.
NNNM132076

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator CAZA OPERATING LLC			8. Lease Name and Well No. DESERT ROSE 17 8 FEDERAL COM 1H		
Contact: STEVE MORRIS E-Mail: steve.morris@mojoenergy.com					
3. Address 200 NORTH LORRAINE SUITE 1550 MIDLAND, TX 79701			9. API Well No. 30-025-42972-00-S1		
3a. Phone No. (include area code) Ph: 403-923-9750					
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 17 T20S R35E Mer NMP At surface SWSW 190FSL 467FWL 32.566442 N Lat, 103.486514 W Lon Sec 17 T20S R35E Mer NMP At top prod interval reported below SWSW 190FSL 467FWL 32.566442 N Lat, 103.486514 W Lon Sec 8 T20S R35E Mer NMP At total depth NWSW 259FSL 468FWL 32.587557 N Lat, 103.486490 W Lon			10. Field and Pool, or Exploratory FEATHERSTONE		
			11. Sec., T., R., M., or Block and Survey or Area Sec 17 T20S R35E Mer NMP		
			12. County or Parish LEA		
			13. State NM		
14. Date Spudded 12/08/2018		15. Date T.D. Reached 01/09/2019		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/02/2019	
17. Elevations (DF, KB, RT, GL)* 3715 KB					
18. Total Depth: MD 19215 TVD 11448		19. Plug Back T.D.: MD 19095 TVD 11288		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMARAY MUDLOG				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 analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)	

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1851		1290	358	0	
12.250	9.625 L80	40.0	0	3906	3906	1139	69	0	
8.750	5.500 P110	20.0	0	19214		2574	918	4520	
12.250	9.625 HCL-80	40.0	3906	5612	3906	745	212	3906	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	11088	11097						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING 3RD	11435	19121	11616 TO 19121	0.000	1560	OPEN
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
11616 TO 19121	16,353,310 LBS. OF 40/70 WHITE & 3,567,770 LBS. OF SLC

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
03/02/2019	03/11/2019	24	→	454.0	501.0	446.0	36.0		FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
28/64	SI	1050.0	→	454	501	446		POW	

28a. Production - Interval B

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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #458246 VERIFIED BY THE BLM WELL INFORMATION SYS

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM

Documents pending BLM approvals will
subsequently be reviewed and scanned

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(Sold, 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
BONE SPRING 1ST	9738	10124	SAND		
BONE SPRING 2ND	10438	10963	SAND		
BONE SPRING 3RD	11435		SAND		

32. Additional remarks (include plugging procedure):

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7. Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #458246 Verified by the BLM Well Information System.
For CAZA OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH HAM on 04/09/2019 (19DMH0072SE)

Name (please print) STEVE MORRIS

Title CONTRACT ENGINEER

Signature _____ (Electronic Submission)

Date 03/16/2019

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.

**** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ****

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.