| Two Copies   |  |             |              | State of New Mexico                               |                                       |              |                        |              | Form C-105   |   |                       |          |  |                   |               |  |
|--|--|-------------|--------------|---|---------------------------------------|--------------|------------------------|--------------|--------------|---|-----------------------|----------|--|-------------------|---------------|--|
| District  <br>1625 N. French Dr., Hobbs, NM 88240  |  |             |              | Energy,   | Minerals and                          | d Nat        | ural Res               | sources      | -            | Revised August 1, 2011  1. WELL API NO.                 |                       |          |  |                   |               |  |
| District !!  | -  |             |              |   |                                       |              |                        |              |              |   |                       | U.       |  |                   |               |  |
| 811 S. First St., Ar<br>District III   | 1esia, NM 8821   | 0           |              | _   | il Conservat                          |              |                        |              | ŀ            | 30-021-20679  2. Type of Lease                          |                       |          |  |                   |               |  |
| 1000 Rio Brazos R  | ld., Aztec, NM   | 87410       | Ì            | 12  | 20 South St                           | t. Fra       | ıncis D                | r.           |              | STATE SOFEE FEDANDIAN                                   |                       |          |  |                   |               |  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NN  |  |             |              |   |                                       |              | 87505 3. Sinte Oil &   |              |              |   |                       | ease No. |  |                   | ,             |  |
| 313889   |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG  4. Reason for filing:  |  |             |              |   |                                       |              |                        |              |              | 5 Leace Name of Unit Agreement Name                     |                       |          |  |                   |               |  |
| .f   | 5  |             |              |   |                                       |              |                        |              | ļ            | 5. Lease Name or Unit Agreement Name<br>DECATUR 1927 24 |                       |          |  |                   |               |  |
| COMPLET  | ION REPOR  | RT (Fill in | boxes#1      | through #31                                       | for State and Fee                     | e wells      | only)                  |              | Ī            | 6. Well Number:   |                       |          |  |                   |               |  |
| C-144 CLO  |  |             |              |   | rough #9, #15 Da<br>ordance with 19.1 |              |                        |              | or           | #I  |                       |          |  |                   |               |  |
| 7. Type of Comp  |  | vorkov      | ER 🔲 DE      | EEPENING  | □PLUGBACE                             | K 🗆 🗆        | DIFFEREN               | T RESERV     | OIR          | LOTHER  | DRY A                 | AND AB   | ANDO   | NED               |               |  |
| 8. Name of Oper  |  |             | 7.01         |   |                                       |              |                        |              | İ            | 9. OGRID  |                       |          |  |                   |               |  |
| WHITING OIL A<br>10. Address of O  |  | ORPORA      | HON          |   |                                       |              |                        |              | $\dashv$     | 25078<br>11. Pool name or Wildcat                       |                       |          |  |                   |               |  |
| 10. Addiess bi C   | perator  |             |              |   |                                       |              |                        |              | - {          | 11. FOOI HAIRE  | 01 4411               | uca      | •  | , '               | ,             |  |
| 400 W. ILLINOI<br>MIDLAND, TX  |  |             |              |   |                                       |              |                        |              |              | WILDCAT; TUBB CO2 GAS POOL                              |                       |          |  |                   |               |  |
| 12.Location  | Unit Ltr   | Section     | Tro          | ownship   | Range                                 | Lot          | <u> </u>               | Feet from th | 1C           | N/S Line  | Feet f                | rom the  | E/W  | Line /            | Соилту        |  |
| Surface:   | G  | 24          |              | N   | 27E                                   | <u> </u>     |                        | 1692         | -            | N   | 2317                  |          | E  | - , .             | HARDING       |  |
| BH:  | G  | 24          |              | N   | 27E                                   |              |                        | 1692         | $\dashv$     | N   | 2317                  |          | E  |                   | HARDING       |  |
|  |  |             | - 1          | -   | <u> </u>                              |              |                        |              |              |   |                       | 1 17     | l  | tions (DE         |               |  |
| 11/24/2014   | 3. Date Spudded 14. Date T.D. Reached 1/24/2014 12/09/2014 |             |              | 15. Date Rig Released<br>12/10/2014               |                                       |              | 16. Date Completed (Re |              |              |   |                       |          | 17. Elevations (DF and RKB,<br>RT, GR, etc.) GR 5511 |                   |               |  |
| 18. Total Measur<br>2873   | •  |             |              | 19. Plug Back Measured Depth 20. Was Direction NO |                                       |              |                        | onal         | Survey Made? |   |                       |          | ric and Ot<br>DN, CBL                                | her Logs Run      |               |  |
| 22. Producing In NA  | terval(s), of the  | his comple  | tion - Top.  | Top, Bottom, Name                                 |                                       |              |                        |              |              |   | · · · ·               |          | •  | 3                 |               |  |
| 23.  |  |             |              | CAS   | ING REC                               | ORD          | (Reno                  | rt all str   | ing          | s set in w  | -111                  |          |  | î                 |               |  |
| CASING SI  | ZE   | WEIGH       | LB./FT.      |   | DEPTH SET                             | <u> </u>     |                        | E SIZE       |              | CEMENTIN  |                       | ORD      | A!   | MOUNT             | PULLED        |  |
| 9 5/8 36#  |  |             |              | 770 12 1⁄4  |                                       |              |                        | ····         | _            | . 500/CIRC.   |                       |          |  |                   |               |  |
| 5 1/2 15.5#  |  |             |              | 2873  |                                       |              | 8 ¾                    |              |              | 900/CIRC.   |                       |          |  |                   |               |  |
|  |  |             | -            |   |                                       |              |                        |              |              |   |                       |          |  |                   | ,             |  |
|  |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
|  |  |             |              |   |                                       | L            |                        |              |              |   |                       |          |  |                   |               |  |
| 24.  |  |             | T            |   | ER RECORD                             |              |                        |              | 25.          |   |                       | G RECO   |  | T                 |               |  |
| SIZE   | ТОР  |             | BOTTO        | M .   | SACKS CEMI                            | ENT          | SCREEN                 |              | SIZ          | E   | DEP                   | TH SET   |  | PACKI             | RSFT          |  |
|  | <del></del>  |             | <del> </del> |   | 1                                     |              |                        |              |              |   | ┿                     |          |  |                   |               |  |
| 74 Postonnia   |  |             | and sumba    | ->  | <u> </u>                              |              | 00 400                 | D OHOT I     | 3D 4         | OTHER OF  | 1                     | COUR     |  | CTO               | <del></del>   |  |
| 26. Perforation record (interval, size, and number)  27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.  DEPTH INTERVAL   AMOUNT AND KIND MATERIAL USED |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
| 2686-2704' 6 SPF .42" DIA.   |  |             |              |   |                                       |              |                        |              |              | ACDZ W/ 750 GALS 15% HCL                                |                       |          |  |                   |               |  |
|  |  |             |              | -   |                                       |              | 2000-27                |              |              |   | 7,700 07120 1570 1100 |          | <u> </u>   |                   |               |  |
|  |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
| PRODUCTION   |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
| Date First Production Production Method (Flowing, gas lift, pumping - Size and type pump) Well Status (Prod. or Shut-in)                             |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
| Date of Test Hours Tested Chol   |  | Choke S     | Size         | Prod'n For<br>Test Period                         |                                       | Oil - Bbl Ga |                        | Gas          | - MCF Wa     |   | ater - Bbl. Gas       |          | Gas - O  | il Ratio          |               |  |
| Flow Tubing  | Casing Pr  | essure      | Calcula      | ted 24-   | Oil - Bbl.                            | 1            | Gas - I                | MCF          | V            | /ater - Bbl.  | ┸-┌                   | Oil Grav | ity - Al   | Pi <i>- (Corr</i> | $\frac{T}{C}$ |  |
| Press.   | J  |             | Hour R       |   |                                       |              |                        |              | 1            | . 4.00  | -                     | J., J.,  |  | . (               |               |  |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc.)  30. Test Witnessed By  |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
| 31. List Atlachments   |  |             |              |   |                                       |              |                        |              |              |   |                       |          |  |                   |               |  |
| TEST INFORMA   |  |             |              |   |                                       | lone -       | APV = 14               |              |              |   |                       |          |  |                   |               |  |
| 32. If a temporary<br>TEMPORARY P  | T CLOSED   | 06/09/2013  | 5. C-144 F   | PIT CLOSU   | RE NOT SCAN                           | NED IN       | VTO NMO                | CD SYSTE     | м; s         | SENT 07/01/20   | ł <u>5.</u>           |          |  | , .               |               |  |
| 33. If an on-site b  |  |             |              | _   | ation of the on-si                    | ite buri     |                        | IORANA I -   | naie.        | ude   |                       |          | NAT  | 1022              | 983           |  |
|  | 35.863   | 2717        | Latitu       | uc .  |                                       |              | -104.01                | 198000 Lo    | ugit         | սս  |                       |          | NAI  | -(/-)'            | 703           |  |

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belie, Printed Signature Name KAY MADDOX

E-mail Address

Title REG. ANALYST

Date 12/15/2015

## **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

| Southeas           | stern New Mexico | Northwestern New Mexico |                  |  |  |  |  |
|--------------------|------------------|-------------------------|------------------|--|--|--|--|
| T. Anhy            | T. Canyon        | T. Ojo Alamo            | T. Penn A"       |  |  |  |  |
| T. Salt            | T. Strawn        | T. Kirtland             | T. Penn. "B"     |  |  |  |  |
| B. Salt            | T. Atoka         | T. Fruitland            | T. Penn. "C"     |  |  |  |  |
| T. Yates           | 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 1871 | T. Simpson       | T. Mancos               | T. McCracken     |  |  |  |  |
| T. Glorieta 2125   | T. McKee         | T. Gallup               | T. Ignacio Otzte |  |  |  |  |
| T. Paddock         | T. Ellenburger   | Base Greenhorn          | T.Granite        |  |  |  |  |
| T. Blinebry        | T. Gr. Wash      | T. Dakota               |                  |  |  |  |  |
| T.Tubb 2645        | T. Delaware Sand | T. Morrison             |                  |  |  |  |  |
| T. Drinkard        | T. Bone Springs  | T.Todilto               |                  |  |  |  |  |
| T. Abo             | T.               | T. Entrada              |                  |  |  |  |  |
| T. Wolfcamp        | T.               | T. Wingate              |                  |  |  |  |  |
| T. Penn            | Т.               | T. Chinle               |                  |  |  |  |  |
| T. Cisco (Bough C) | T                | T. Permian              |                  |  |  |  |  |
|                    |                  | ,                       | OIL OR GAS       |  |  |  |  |

|               | •         |                      |                                       |       |           | ·       |                      |           | OIL OR G<br>SANDS OR Z                |     |
|---------------|-----------|----------------------|---------------------------------------|-------|-----------|---------|----------------------|-----------|---------------------------------------|-----|
| No. 1, fromto |           |                      |                                       |       | No. 3, f  | rom     |                      | to        |                                       |     |
| No. 2,        | fromtoto  |                      |                                       |       | No. 4, f  | rom     |                      | to        | • • • • • • • • • • • • • • • • • • • |     |
|               |           |                      | IMPORTANT                             |       |           |         |                      | •         | * *                                   |     |
| Include       | e data or | rate of wat          | ter inflow and elevation to which wat | er ro | ose in ho | ole.    |                      |           |                                       |     |
| No. I,        | from      |                      | to                                    |       |           |         | feet                 |           |                                       |     |
| No. 2,        | from      |                      | to                                    |       |           |         | feet                 |           |                                       | . , |
| No. 3,        | from      |                      | to                                    |       |           |         | feet                 |           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |     |
|               |           |                      | LITHOLOGY RECORD                      | (At   | tach ad   | ditiona | l sheet if n         | ecessary) | * ^ '                                 |     |
| From          | То        | Thickness<br>In Feet | Lithology                             |       | From      | То      | Thickness<br>In Feet | ,         | Lithology                             |     |



7015 FED 25 P # 09

## **INCLINATION REPORT**

In accordance with Section 19.15.16.14.A.1 of the NMOCD rules \_Trinidad Drilling hereby provides a report of inclinations recorded while drilling the well listed below. All regulations of Rule have been adhered to.

Lease name: Decatur Well No:1927 24 #001 API No: 30-021-20679

TWN & RGE: SEC 24-T19N-R27E

Unit Letter: Footages: KB

| Depth | Angle-Inclination Degrees |
|-------|---------------------------|
| 356'  | .50                       |
| 770 ' | .75                       |
| 1251' | .25                       |
| 1736  | 1.0                       |
| 1949  | 1.0                       |
| 2432  | 1.0                       |
| 2873  | 1.50                      |

I HEREBY CERTIFY THAT THE ABOVE DATA AS SET FORTH IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Trinidad Drilling LP

STATE OF Kansas COUNTY OF Finney

This instrument was acknowledged before me this 18th day of February, 2015, by Jack Pepper on behalf of Trinidad Drilling LP

Notary Public

NOTARY PUBLIC - State of Kansas
KATHLEEN S. SANDERS
My Appt. Expires 5/10/2017

3728 West Jones Ave., Garden City, KS 67846 Phone: 620-277-2062 Fax: 620-277-2094