

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**WELL COMPLETION OR RE-COMPLETION REPORT AND LOG**

**Bold\*** fields are required.

NMDCD

JUL 30 2018

DISTRICT III

| Section 1 - Completed by Operator   |   |
|---|---|
| <b>1. BLM Office*</b><br>Indian Durango, CO   | <b>2. Well Type*</b><br>GAS   |
| <b>3. Completion Type*</b><br>Other   |   |
| Operating Company Information   |   |
| <b>4. Company Name*</b><br>HUNTINGTON ENERGY, L.L.C.  |   |
| <b>5. Address*</b><br>908 N.W. 71ST STREET<br><br>OKLAHOMA CITY OK 73116  | <b>6. Phone Number*</b><br>405-840-9876   |
| Administrative Contact Information  |   |
| <b>7. Contact Name*</b><br>CATHY _ SMITH  | <b>8. Title*</b><br>AUTHORIZED REPRESENTATIVE                                       |
| <b>9. Address*</b><br>908 NW 71ST STREET<br><br>OKLAHOMA CITY OK 73116  | <b>10. Phone Number*</b><br>405.840.9876 _<br><br><b>11. Mobile Number</b><br>_____ |
| <b>12. E-mail*</b><br>csmith@huntingtonenergy.com   | <b>13. Fax Number</b><br>405-840-2011   |
| Technical Contact Information   |   |
| <input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.  |   |
| <b>14. Contact Name*</b><br>_____   | <b>15. Title*</b><br>_____  |
| <b>16. Address*</b><br>_____<br>_____<br>_____  | <b>17. Phone Number*</b><br>_____<br><br><b>18. Mobile Number</b><br>_____          |
| <b>19. E-mail*</b><br>_____   | <b>20. Fax Number</b><br>_____  |
| Surface Location  |   |
| <b>21. Specify location using one of the following methods:</b><br>a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract<br>b) State, County, Latitude, Longitude, Metes & Bounds description |   |
| <b>State*</b><br>NM   | <b>County or Parish*</b><br>SAN JUAN  |

|                 |                 |                  |                         |                         |
|-----------------|-----------------|------------------|-------------------------|-------------------------|
| Section<br>21   | Township<br>32N | Range<br>14W     | Meridian                |                         |
| Qtr/Qtr<br>SWNE | Lot #<br>—      | Tract #<br>—     | N/S Footage<br>1650 FNL | E/W Footage<br>2310 FEL |
| Latitude<br>—   | Longitude<br>—  | 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*        | County or Parish* |                  |                  |                  |
| —             | —                 |                  |                  |                  |
| Section<br>—  | Township<br>—     | Range<br>—       | Meridian         |                  |
| Qtr/Qtr<br>—  | Lot #<br>—        | Tract #<br>—     | N/S Footage<br>— | E/W Footage<br>— |
| Latitude<br>— | Longitude<br>—    | Metes and Bounds |                  |                  |

Bottom Location

23. Specify location or

Check here if the bottom hole location is the same as the surface location.

|               |                   |                  |                  |                  |
|---------------|-------------------|------------------|------------------|------------------|
| State*        | County or Parish* |                  |                  |                  |
| —             | —                 |                  |                  |                  |
| Section<br>—  | Township<br>—     | Range<br>—       | Meridian         |                  |
| Qtr/Qtr<br>—  | Lot #<br>—        | Tract #<br>—     | N/S Footage<br>— | E/W Footage<br>— |
| Latitude<br>— | Longitude<br>—    | Metes and Bounds |                  |                  |

Lease and Agreement

|  |   |
|--|---|
| 24. Lease Serial Number*<br>I22IND2772               | —   |
| 26. If Unit or CA/Agreement, Name and/or Number<br>— | 27. Field and Pool, or Exploratory Area*<br>BARKER DOME |

Well

|   |                                     |  |     |   |  |
|---|-------------------------------------|--|-----|---|--|
| 28. Well Name*<br>BARKER DOME                 |                                     | 29. Well Number*<br>20   |     | 30. API Number<br>30-045-11351                        |  |
| 31. Date Spudded<br>12/15/1949                | 32. Date T.D. Reached<br>04/11/2013 | 33. Date Completed<br>07/13/2018<br><input type="checkbox"/> Dry & Abandoned<br><input checked="" type="checkbox"/> Ready to Produce |     | 34. Elevations (DF, RKB, RT, GL)<br>6249 Ground Level |  |
| 35. Total Depth:<br>MD 2763<br>TVD —          |                                     | 36. Plug Back Total Depth:<br>MD 2520<br>TVD —   |     | 37. Depth Bridge Plug Set:<br>MD 2520<br>TVD —        |  |
| 38. Type Electric & Other Mechanical Logs Run |                                     |  | 39. |   |  |

(Submit copy of each)

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 Sks. | Slurry Vol. (BBL) | Cement Top | Amount Pulled |
|-----------|-------------|-------|-------------|----------|-------------|----------------------|-------------|-------------------|------------|---------------|
| 12.25     | 10.75       | ---   | ---         | 0        | 95          | ---                  | 80          | ---               | 0          | ---           |
| 7.875     | 5.5         | ---   | ---         | 0        | 2284        | ---                  | 120         | ---               | 0          | ---           |
| 4.75      | 4.5         | ---   | ---         | ---      | 2663        | ---                  | 30          | ---               | ---        | ---           |
| ---       | ---         | ---   | ---         | ---      | ---         | ---                  | ---         | ---               | ---        | ---           |
| ---       | ---         | ---   | ---         | ---      | ---         | ---                  | ---         | ---               | ---        | ---           |
| ---       | ---         | ---   | ---         | ---      | ---         | ---                  | ---         | ---               | ---        | ---           |

41. Tubing Record

| Size  | Depth Set (MD) | Packer Depth (MD) |
|-------|----------------|-------------------|
| 2.375 | 2486           | 2486              |
| ---   | ---            | ---               |
| ---   | ---            | ---               |

42. Producing Intervals

| Formation  | Top (MD) | Bottom (MD) |
|------------|----------|-------------|
| A) ENCINAL | 2493     | 2511        |
| B) _____   | ---      | ---         |
| C) _____   | ---      | ---         |
| D) _____   | ---      | ---         |

43. Perforation Record

| Top  | Bottom | Size | No. Holes | Perf. Status                      |
|------|--------|------|-----------|-----------------------------------|
| 2506 | 2510   | ---  | 8         | ACTIVE - PRODUCING (CIBP @ 2520') |
| 2530 | 2530   | ---  | 2         | INACTIVE - SET CIBP @ 2534'       |
| 2536 | 2539   | ---  | 6         | INACTIVE - SET CIBP @ 2570'       |
| 2618 | 2624   | ---  | 12        | INACTIVE - CIBP SET @ 2635'       |

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

| Top  | Bottom | Amount and Type of Material             |
|------|--------|---|
| 2506 | 2510   | SWAB                                    |
| 2530 | 2530   | 100 GAL 15% HCL, FLUSH W/10 BBLS 2% KCL |
| 2536 | 2539   | SWAB                                    |
| 2618 | 2624   | 600 GAL 15% HCL, FLUSH W/10 BBLS 2% KCL |

45. Production Method and Well Status for Production Intervals

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| Production Method<br>Flows From Well | Well Status<br>Producing Gas 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 |
|---------------------|-----------------------------------|-----------------|-----------------|-----------|-----------|-------------|-----------------------|-------------|
| 07/13/2018          | 07/16/2018                        | 24              | >>>>>           | 0         | 336       | 0           | ---                   | ---         |
| Choke Size          | Tubing Pressure Flowing / Shut In | Casing Pressure | 24 Hour Rate    | Oil (BBL) | Gas (MCF) | Water (BBL) | Gas/Oil Ratio         |             |
| ---                 | 280                               | ---             | 180             | >>>>>     | 0         | 336         | 0                     | ---         |

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.

| Formation | Top   | Bottom | Descriptions, Contents, etc. | Name        | Top (MD) |
|-----------|-------|--------|------------------------------|-------------|----------|
| ENCINAL   | 2493  | 2511   | SAND & SHALE, GAS BEARING    | MANCOS      | 400      |
| MORRISON  | 2511  | 2763   | SAND & SHALE, GAS BEARING    | GALLUP      | 1439     |
| _____     | _____ | _____  | _____                        | GREENHORN   | 2158     |
| _____     | _____ | _____  | _____                        | GRANEROS    | 2213     |
| _____     | _____ | _____  | _____                        | PAGUATE     | 2312     |
| _____     | _____ | _____  | _____                        | LWR CUEBERO | 2335     |
| _____     | _____ | _____  | _____                        | ENCINAL     | 2493     |
| _____     | _____ | _____  | _____                        | MORRISON    | 2511     |

52. Formation (Log) Markers

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)\*

|  |   |
|--|---|
| <b>55. Name</b><br>CATHY _ SMITH   | <b>56. Title</b><br>AUTHORIZED REPRESENTATIVE   |
| <b>57. Date*</b> (MM/DD/YYYY)<br>07/27/2018 <input type="text" value="Today"/> | <b>58. Signature*</b><br><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<br>_____ | 60. Date Sent<br>_____ | 61. Processing Office<br>_____ |
|--------------------------|------------------------|--------------------------------|

**Section 3 - Internal Review #1 Status**

|                              |                             |                            |
|------------------------------|-----------------------------|----------------------------|
| 62. Review Category<br>_____ | 63. Date Completed<br>_____ | 64. Reviewer Name<br>_____ |
| 65. Comments                 |                             |                            |

**Section 4 - Internal Review #2 Status**

|                              |                             |                            |
|------------------------------|-----------------------------|----------------------------|
| 66. Review Category<br>_____ | 67. Date Completed<br>_____ | 68. Reviewer Name<br>_____ |
| 69. Comments                 |                             |                            |

**Section 5 - Internal Review #3 Status**

|                              |                             |                            |
|------------------------------|-----------------------------|----------------------------|
| 70. Review Category<br>_____ | 71. Date Completed<br>_____ | 72. Reviewer Name<br>_____ |
| 73. Comments                 |                             |                            |

**Section 6 - Internal Review #4 Status**

|                              |                             |                            |
|------------------------------|-----------------------------|----------------------------|
| 74. Review Category<br>_____ | 75. Date Completed<br>_____ | 76. Reviewer Name<br>_____ |
| 77. Comments                 |                             |                            |

**Section 7 - Final Approval Status**

|                          |                             |                            |                             |
|--------------------------|-----------------------------|----------------------------|-----------------------------|
| 78. Disposition<br>_____ | 79. Date Completed<br>_____ | 80. Reviewer Name<br>_____ | 81. Reviewer Title<br>_____ |
| 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.