<u>District I</u> 1625 N. French I <u>District II</u> 811 S. First St., 4 <u>District III</u> 1000 Rio Brazos <u>District IV</u> 1220 S. St. France	Artesia, NM Rd., Aztec	1 88210 , NM 87410 ta Fe, NM 875	05	0 12	State of New Minerals & M il Conservation 20 South St. Santa Fe, Ni LOWABLE	Natural Res on Division Francis Dr M 87505	ourc	MOIL CON ARTESIA D MAY 1 SUBMIT OF RECE	5 2(ne coj)19 py to appr	Revised August 1, 2011 ropriate District Office AMENDED REPORT
¹ Operator r		Address					T	² OGRID Num			
Percussion I			LLC				Ļ			371755	
919 Milam S Houston, TX		nte 2475						³ Reason for Fi	ling	Code/ Effe	ctive Date
⁴ API Numb	er	⁵ Poo	l Name						6 P	ool Code	
30 - 015-4	4880	North	n Seven R	ivers; Glo	orieta/Yeso			×		565	
⁷ Property C	Code	⁸ Pro	perty Nar	ne					9 V	Vell Numb	er
320					South Boyd Fe	deral Com					13H
	rface Lo										
Ul or lot no.		Township	Range	Lot Idn				Feet from the			
A	34	19S	25E		312	North		620		East	Eddy
¹¹ Bo	ttom Ho	le Locatio	n								
UL or lot no.		Township	Range	Lot Idn	Feet from the					/West line	
A	27	19S	25E		43	North	ļ	353		East	Eddy
¹² Lse Code		cing Method		onnection	¹⁵ C-129 Pern	nit Number	¹⁶ C·	-129 Effective D	ate	¹⁷ C-1	29 Expiration Date
F	(Çode P		nte /19							-
III. Oil a	nd Gas	Transport	ers							• • • • • • • • • • • • • • • • • • • •	
¹⁸ Transpor					¹⁹ Transpor						²⁰ O/G/W
OGRID					and Ad			-			
015694		Holly Frontier O							0		
		2828 N. Harwood, Suite 1300									
	<u>sti i p</u> eta	Dallas, TX 75201							<u></u>		
36785	ľ				DCP Mid						G
					370 17 th Street Denver, C						
				<u> </u>	, -						And the second
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1										
										and a second sec	
1											

IV. Well Completion Data

Spud Date 5/25/18		ndy Date 20/18	²³ TD 8515'	²⁴ PBTD 8378'	²⁵ Perforations 3512'-8348'	²⁶ DHC, MC	
²⁷ Hole Size	è	²⁸ Casing	& Tubing Size	²⁹ Depth S	et	³⁰ Sacks Cement	
12-1/4" 9-5/		9-5/8"	1261'		750 (circ)		
8-3/4"			7"	2836'		1860 (circ)	
8-3/4"		5.5"		8515'		1860 (circ)	

.

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
10/10/18	5/4/19	4/18/19	24	250	100
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	-	⁴¹ Test Method
0	578	571	83		P
been complied with complete to the best Signature: Printed name Ryan Barber Title:	at the rules of the Oil Consulated the rules of the Oil Consulation gives of my knowledge and belied the formation of the rule	ven above is true and f.	Approved by: Title: Approval Date:	Ahup Ngr	ION
Petroleum Engineer E-mail Address: ryan@percussionpet Date: 5/14//			Pending BLM appro subsequently be re and scanned		

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6/10/2019

Form 3160-4

(August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	BUREAU	J OF LANI	D MANAGEMENT	Hobbs ocd
WELL ()R RE-CC	OMPLETION REPOR	
			are required.	RECEIVED
	Section	<u> </u>	leted by Operator	· · · · · · · · · · · · · · · · · · ·
1. BLM Office* Carlsbad, NM		2. Well Typ OIL	pe*	
3. Completion Type* New Well				
	Oper	rating Comp	oany Information	
4. Company Name* PERCUSSION PETROL	LEUM OPERATING	j		
5. Address*	~ ^ / 7 /	H	6. Phone Number*	
919 MILAM ST. SUITE	2475		713-300-1853	
HOUSTON TX 77002	•		l	
	Admir	nistrative Co	ontact Information	
7. Contact Name*		8	8. Title*	
RYAN _ BARBER 9. Address*			PETROLEUM ENGINE	ER
9. Address* 919 MILAM ST. SUITE	2475	8	10. Phone Number* 713-300-1853	
HOUSTON TX 77002	-		11. Mobile Number	
12. E-mail* RYAN@PERCUSSIONF	PETROLEUM.COM	1	13. Fax Number	
	Tecl	hnical Conta	act Information	
Check here if Technic	cal Contact is the san	ne as Admir	nistrative Contact.	
14. Contact Name*			15. Title*	
16. Address*			17. Phone Number*	
			18. Mobile Number	oprovals will
19. E-mail*			20. Fax Number	ne BLM approvals will ne BLM approvals will requently be reviewed a scanned
		Surface L	Location sub-	Jequenting discanned
21. Specify location using a) State, County, Section, T b) State, County, Latitude, L	Township, Range, Merid	ng methods: idian, N/S Foo	btage, E/W Footage, with Q.,	
State*County orNMEDDY	· Parish*			
	*			

6/10/2019

Probaris	SP -	Print	Form	Instance
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Section 34	Township 19S	Range 25E	Meridian NEW MEX	AICO PRINCIP	AL		
Qtr/Qtr NENE	Lot #	Tract #		N/S Footage 312 FNL	,	E/W Footage 620 FEL	
Latitude 32.62356	Longitude 104.465952	Metes and	1 Bounds				
			Producing l	Interval Locatio	n		
22. Specify		ucing hole	location is the s	ame as the surfa	ace location.		
State* NM	County or P EDDY	'arish*			n, kancasharkan 12, 30, e		
Section 27	Township 19S	Range 25E	Meridian NEW MEX	KICO PRINCIP	AL		
Qtr/Qtr NENE	Lot #	Tract #	Tract #N/S FootageE/W Footag43 FNL353 FEL				
Latitude 32.638574	Longitude 104.465347						
			Botto	m Location			
23. Specify		om hole loc	ation is the same	e as the surface	location.		
State* NM	County or P EDDY	arish*				an a	
Section 27	Township 19S	Range 25E	Meridian NEW MEX	AICO PRINCIPA	AL		
Qtr/Qtr NENE	Lot #	Tract #	·	N/S Footage 43 FNL		E/W Footage 353 FEL	
Latitude 32.638574	Longitude 104.465347	Metes and	l Bounds	States and and and the species states and			
			Lease ar	nd Agreement	nan sa ana ang ang ang ang ang ang ang ang an		
24. Lease So NMNM0504	erial Number* 4364B	•					
26. If Unit o	r CA/Agreeme	nt, Name a	nd/or Number	27. Field and Pool, or Exploratory Area* N.SEVEN RIVERS;GLOR-YESO			
				Well			
28. Well Na SOUTH BO	me* YD FEDERAI	L COM	29. Well Numl 13H	ber*	30. API Nu 30-015-448		
31. Date Spt 05/25/2018	6	Date T.D. 1 02/2018	Reached	33. Date Comp 09/13/2018 □ Dry & Aba ☑ Ready to P	ndoned	34. Elevations (DF, RKB, RT, GL) 3508 Ground Level	
35. Total De	-	MD 8515 TVD 3078	1	Total Depth: MD 8378 TVD 3066	_	ridge Plug Set: MD TVD	
38. Type Ele	ectric & Other 1		Λ	39.	<u>l</u>		

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6/10/2019

<i>(Submit</i> GR	copy	of	each)
GR			

Probaris SP - Print Form Instance Was Well Cored?

Was DST run?

 $\odot_{No} \bigcirc_{Yes}$ (Submit Analysis)

⊙_{No} OYes (Submit Report)

Directional Survey? ONo OYes (Submit Copy)

										103 (54	$\frac{1}{2}$	/
40. Casi	ng and Li	ner Re	cord (Rep	ort all s	trings se	et in well)						
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Botton (MD)	(ementer	No. Sk	8	Slurry V (BBL		Cement Top	Amount Pulled
12.25	9.625	J55	36	0	1261		75	50			0	
8.75	7	L80	32	0	2836		18	60			0	
8.75	5.5	L80	17	2836	8515		18	60			0	
								_				
		<u> </u>						_ [
1. Tubi	ng Record	1			42.	Producing Int	ervals					
Size	Depth Set (N	MD)	Packer Dep	oth (MD)	For	mation			Тор	(MD)	Bottom (N	۸D)
2.875	2563	A)Y			YESO			351	2	8348		
[B)									
[C))					
		D)										
3. Perfe	oration Re	cord										
Тор	Bottom		Size	No. Hol	es	Perf. Status						
3512	8348		0.42	1500		OPEN						
		will be more than the second		<u> </u>			27. felgels (m. 1914) (b. 1914)					
		5873-8678-8688-8688-8688-8	<u> </u>	<u> </u>								
14. Acid	, Fracture	, Treat	ment, Cei	ment Sq	ueeze, e	tc.						
Тор	Bottom	Αποι	int and Type	e of Mater	ial							
3512	8348	7,51	4,000 LB	S OF SA	ND IN	SLICKWATE	R					
	<u> </u>						-					
	<u> </u>											and the second second second
									The second second			
45. Proc	luction M	ethod a	and Well	Status fo	or Produ	ction Intervals						
Product	ion Metho	od					Well	Status	<u> </u>			
Electric	Pump Su	b-Surf	ace				Prod	ucing (Dil Well			
6. Prod	uction - In	nterval	Α									
Date First	Produced	Test Da	ate	Hours T	ested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravi	ty Corr. API	Gas Gravit
09/13/2	018	11/12	/2018	24		>>>>>	559	281	4582			
Choke Size	<u> </u>		Pressure g / Shut In	Casing I	Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil F	Ratio	
		210				>>>>>	559	281	4582	503		

.

47. Production - Ir	iterval B	
Date First Produced	Test Date	Hour

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas	Water	Oil Gravity Corr. API	Gas
			>>>>>		(MCF)	(BBL)		Gravity
Choke Size	Tubing Pressure Flowing / Shut Ir	Casing Pressur		Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	>>>>					
48. Production - In	nterval C	, ,	A		4 <u></u>	I <u></u>	R	Δ
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	i Oil Gravity Corr. API	Gas Gravity
			>>>>>	<u> </u>	<u> </u>			
Choke Size	Tubing Pressure Flowing / Shut Ir	Casing Pressur	e 24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>	1	<u> </u>			
49. Production - In	nterval D							<u></u>
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 Ir	Casing Pressur	e 24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	1
			>>>>>		ĺ			-
50. Disposition of Flared 51. Summary of I Show all important including depth inte	Porous Zones (A zones of porosity	Include Aquifer and contents the	s): ereof: Cored interv	als and	all drill-s	tem tes	52. Formation (I ts, Markers	.og)
recoveries.				a snut-li	n Dressl	res and		
1				a snut-i	n pressu	ires and		
Formati	ion	Top Bottom	· · ·		ontents, e	فليهم وخوذ وزراه فالتقار	Name	Top (MD)
Formati	ion		· · ·		-	فليهم وخوذ وزاما فالتركات		a -
Formati	ion 		· · ·		-	فليهم وخوذ وزاما فالتركات	Name	(MD) 853
Formati	ion 		· · ·		-	فليهم وخوذ وزاما فالتركات	Name SAN ANDRES	(MD) 853 2448
Formati	ion		· · ·		-	فليهم وخوذ وزاما فالتركات	Name SAN ANDRES GLORIETA	(MD) 853 2448
Formati	ion		· · ·		-	فليهم وخوذ وزاما فالتركات	Name SAN ANDRES GLORIETA	(MD) 853 2448
Formati	ion		· · ·		-	فليهم وخوذ وزاما فالتركات	Name SAN ANDRES GLORIETA	(MD)

53. Additional remarks (include plugging procedure):

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54. Indicate which items have been attached b	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 ve	
I hereby certify that the foregoing and attached informat instructions)*	tion is complete and correct as determined from all available records (see attached
55. Name	56. Title
RYAN_BARBER	PETROLEUM ENGINEER
57. Date* (MM/DD/YYYY)	58. Signature*
04/22/2019 Today	You have the ability to sign this form only if a SmartCard or digital certificate has
	been issued to you.
	Signed
	1212, make it a crime for any person knowingly and willfully to make to any
department or agency of the United States any false fict	titious or fraudulent statements or representations as to any matter within its

Section 2 - System Receipt Confirmation			
59. Transaction	60. Date Sent	61. Processing Office	
462323	04/22/2019	Carlsbad, NM	

Section 3 - Internal Review #1 Status			
62. Review Category	63. Date Completed	64. Reviewer Name	
65. Comments			

Section 4 - Internal Review #2 Status

614	0/2010	
6/1	0/2019	

Probaris SP - Print Form Instance

66. Review Category	67. Date Completed	
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 Co	ompleted 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.

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.