

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

OCT 25 2011

FORM APPROVED
OMB NO 1004-0137
Expires March 31, 2007

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

1a Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5 Lease Serial No NM-13279
b Type of Completion <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff Resvr, Other _____		6 If Indian, Allottee or Tribe Name
2 Name of Operator THREE RIVERS OPERATING COMPANY, LLC		7 Unit or CA Agreement Name and No
3 Address 1122 S. CAPITAL OF TX HWY STE 325 TX 78746		8 Lease Name and Well No BANDIT IS FED COM #2
3a Phone No (include area code) (512) 600-3190		9 AFI Well No 30-025-37231
4 Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 1980' FSL, 1980' FEL, SEC 15-20S-33E		10 Field and Pool, or Exploratory TEAS (BONE SPRINGS) (GAS)
At top prod interval reported below		11 Sec, T, R, M, on Block and Survey or Area 15-20S-33E
At total depth		12 County or Parish LEA
		13 State NM
14 Date Spudded 11/23/05	15 Date TD Reached 2/1/06	16 Date Completed 2/25/06 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod
17 Elevations (DF, RKB, RT, GL)* 3580 GL		

18. Total Depth MD 14000' TVD	19 Plug Back T.D MD 13936' TVD 12800'	20 Depth Bridge Plug Set MD TVD
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)		22 Was well cored? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)

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 Sks & Type of Cement	Slurry Vol (BBL)	Cement Top*	Amount Pulled
18.5"	16" J55	75#		1454'		1200 SX		SURFACE	
14.75"	11.75" J55	54#		3489'		1900 SX		SURFACE	
10.625"	8.625" HXSS	32#		5204'		1670 SX		SURFACE	
7.875"	5.5" HXSS	20#		13998'		1130 SX		4550'	

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" 7/8"	12232'	12170'	5 1/2"					

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No Holes	Perf Status
A) STRAWN	12350	12356	12350-12356	.37	12	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
12350-12356'	250 GALS 15% DI NaFe 3000 GALS 15% STRAWN ACID

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
8/24/11	8/25/11	24 HRS	→	5	22	6	40	.70	FLOWING
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
6 1/4	50	740	→	5	22	6	4400/1	PRODUCING	

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

*(See instructions and spaces for additional data on page 2)

FOR RECORD ONLY

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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.)

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
STRAWN	12330				

32. Additional remarks (include plugging procedure)

33. 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:

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

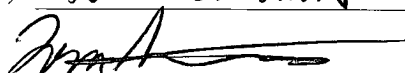
Name (please print)

JOM STRATTON

Title

OPERATIONS MANAGER

Signature



Date

10/21/11

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.