

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

HOBBS OCD

JAN 07 2014

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Lease Serial No. NMLC029405B

1a. Type of Well [X] Oil Well [] Gas Well [] Dry [] Other []
b. Type of Completion [X] New Well [] Work Over [] Deepen [] Plug Back [] Diff. Resvt. []
2. Name of Operator CONOCOPHILLIPS COMPANY Contact: ASHLEY BERGEN E-Mail: ashley.martin@conocophillips.com
3. Address 3300 N "A" ST BLDG 6 MIDLAND, TX 79705 3a. Phone No. (include area code) Ph: 432-688-6938
4. Location of Well (Report location clearly and in accordance with Federal requirements)*
At surface NWSW 1750FSL 990FWL
At top prod interval reported below NWSW 1750FSL 990FWL
At total depth NWSW 1750FSL 990FWL
14. Date Spudded 09/11/2013 15. Date T.D. Reached 09/16/2013 16. Date Completed [] D & A [X] Ready to Prod. 11/13/2013
17. Elevations (DF, KB, RT, GL)* 3998 GL

RECEIVED

18. Total Depth: MD 6920 TVD 6920 19. Plug Back T.D.: MD 6920 TVD 6920 20. Depth Bridge Plug Set: MD TVD
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) DUALLATEROLOG BOREHOLES ONIC SPECTRALGAMMARA
22. Was well cored? [X] No [] Yes (Submit analysis)
Was DST run? [X] No [] Yes (Submit analysis)
Directional Survey? [X] No [] Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)
Table with columns: 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

24. Tubing Record
Table with columns: Size, Depth Set (MD), Packer Depth (MD)

25. Producing Intervals 26. Perforation Record
Table with columns: Formation, Top, Bottom, Perforated Interval, Size, No. Holes, Perf. Status

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.
Table with columns: Depth Interval, Amount and Type of Material

DECLARATION
DUE 5-13-14

28. Production - Interval A
Table with columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method

ACCEPTED FOR RECORD

28a. Production - Interval B
Table with columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method

(See Instructions and spaces for additional data on reverse side) ELECTRONIC SUBMISSION #229084 VERIFIED BY THE BLM WELL INFORMATION SYSTEM ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

JAN 08 2014

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.)
CAPTURED

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
SEVEN RIVERS	2367	3008			
QUEEN	3008	3445			
GRAYBURG	3445	3808			
SAN ANDRES	3808	5273			
GLORIETTA	5273	5346			
PADDOCK	5346	5689			
BLINEBRY	5689	6755			

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 #229084 Verified by the BLM Well Information System.
For CONOCOPHILLIPS COMPANY, sent to the Hobbs
Committed to AFMSS for processing by JOHNNY DICKERSON on 12/18/2013 (14JLD1010SE)**

Name (please print) ASHLEY BERGEN Title STAFF REGULATORY TECH

Signature (Electronic Submission) Date 12/10/2013

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.

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

HOBBS OCD
JAN 07 2014

RECEIVED

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-41013		² Pool Code 44500		³ Pool Name MALJAMAR; YESO WEST	
⁴ Property Code 38563		⁵ Property Name RUBY FEDERAL			⁶ Well Number 17
⁷ OGRID No. 217817		⁸ Operator Name ConocoPhillips Company			⁹ Elevation 3998

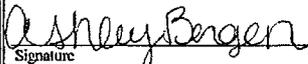
¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	17	17S	32E		1750	SOUTH	990	WEST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code		¹⁵ Order No.					

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

990'	1750'	¹⁷ OPERATOR CERTIFICATION			
		I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or leased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.			
		 Signature	11/18/2013 Date		
Ashley Bergen Printed Name					
ashley.bergen@cop.com E-mail Address					
¹⁸ SURVEYOR CERTIFICATION					
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.					
Date of Survey					
Signature and Seal of Professional Surveyor:					
Certificate Number					

DISCTRICT
NMPM

INCLINATION REPORT
(One Copy Must Be Filed With Each Completion Report.)

1. FIELD NAME (as per RRC Records or Wildcat) MALJAMAR, YESO WEST	2. LEASE NAME RUBY FEDERAL	8. Well Number 17
3. OPERATOR Conoco Phillips Company		
4. ADDRESS Attn: Alva Franco 3300N "A" St. Bldg 6 #247 Midland, Tx 79710		10. County LEA
5. LOCATION (Section, Block, and Survey) ULL, SEC17, T17S, R32E, 1750'FSL, 990'FWL		

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle x100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
250	2.50	0.60	1.05	2.62	2.62
458	2.08	1.10	1.92	3.99	6.61
500	0.42	0.70	1.22	0.51	7.12
788	2.88	1.10	1.92	5.53	12.65
800	0.12	1.10	1.92	0.23	12.88
1073	2.73	0.60	1.05	2.86	15.74
1207	1.34	0.50	0.87	1.17	16.91
1342	1.35	0.40	0.70	0.94	17.85
1433	0.91	0.60	1.05	0.95	18.80
1610	1.77	1.30	1.10	1.95	20.75
1700	0.90	1.00	1.75	1.57	22.32
1790	0.90	1.10	1.92	1.73	24.05
1925	1.35	0.80	1.40	1.88	25.93
2059	1.34	0.60	1.05	1.40	27.33
2193	1.34	0.50	1.20	1.61	28.94
2327	0.00	0.60	1.10	0.00	28.94

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? Yes No
18. Accumulative total displacement of well bore at total depth of ___ feet = ___ feet.
- *19. Inclination measurements were made in: Tubing casing Of hole Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

<p>INCLINATION DATA CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.</p> <p><i>[Signature]</i></p>	<p>OPERATOR CERTIFICATION</p> <p>I declare under penalties prescribed in 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.</p> <p><i>[Signature]</i></p>
Signature of Authorized Representative DANIEL STASIUK	Signature of Authorized Representative
Name of Person and Title (type or print) Precision Drilling Company LP	Name of Person and Title (type or print)
Name of Company 817-694-6797	Operator
Area Code	Telephone: _____
	Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

*Designated items certified by company that conducted the inclination surveys.

ANGLE	RADIANS	SINE OF ANGLE	(INPUT LA CK)
0.25	0.004363323	0.004363	0.00436
0.5	0.008726646	0.008727	0.00873
0.75	0.013089969	0.01309	0.01309
1	0.017453293	0.017452	0.017545

(WHERE PI = 3.141592654)