

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Shackelford Oil Company 203 W Wall St, Ste 200 Midland, TX 79701		² OGRID Number 20595
³ Reason for Filing Code/ Effective Date RC - 8/10/2015		
⁴ API Number 30 - 025-30094	⁵ Pool Name Lusk Delaware, West	⁶ Pool Code 41540
⁷ Property Code	⁸ Property Name Southern-California #913 (formally Lusk West Delaware Unit #913)	⁹ Well Number 913

II. ¹⁰ Surface Location

Ul or lot no. M	Section 29	Township 19S	Range 32E	Lot Idn	Feet from the 990'	North/South Line FSL	Feet from the 600'	East/West line FWL	County Lea
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 8/10/2015	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
21778	Sunoco, Inc R&M P.O. Box 2039 Tulsa, OK	O
180055	DCP Midstream 10 Desta Dr, Ste 400 W. Midland, TX 79705	G

IV. Well Completion Data

²¹ Spud Date 6/23/2015	²² Ready Date 8/10/2015	²³ TD 7200'	²⁴ PBTD 7145'	²⁵ Perforations 7055' - 7103'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	881'	735		
12 1/4"	8 5/8"	4498'	2800		
7 7/8"	5 1/2"	7145'	940		

V. Well Test Data

³¹ Date New Oil 8/10/2015	³² Gas Delivery Date	³³ Test Date 8/13/2015	³⁴ Test Length 24 hrs	³⁵ Tbg. Pressure	³⁶ Csg. Pressure 40
³⁷ Choke Size	³⁸ Oil 22	³⁹ Water 84	⁴⁰ Gas 16		⁴¹ Test Method Pumping Unit

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature:

Printed name:
Brady Shackelford

Title:
CFO

E-mail Address:
bradyshackelford@sbcglobal.net

Date:
9/4/2015

Phone:
432-682-9784

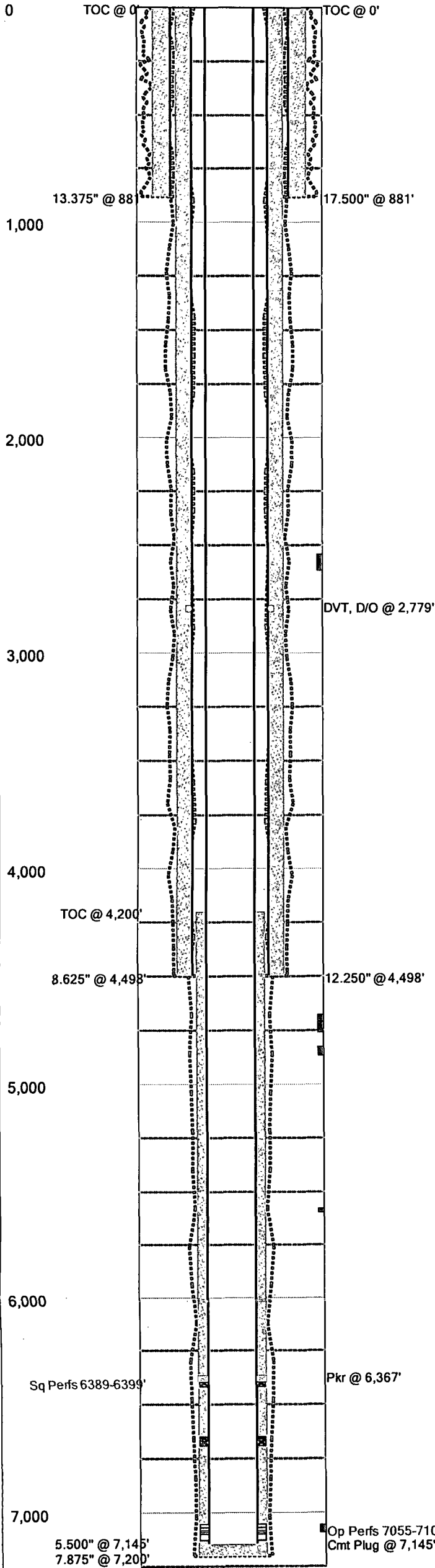
OIL CONSERVATION DIVISION

Approved by:

Title:
Petroleum Engineer

Approval Date:

SEP 24 2015



Last Updated: 9/9/2015 03:17 PM

Field Name		Lease Name		Well No.
Lusk West Delaware		Southern California		913
County		State		API No.
Lea		New Mexico		30-025-30094-0000
Version		Version Tag		
3		SC #913		
GL (ft)	KB (ft)	Section	Township/Block	Range/Survey
		29	19S	32E
Operator		Well Status	Latitude	Longitude
Shackelford Oil Company				
Dist. N/S (ft)	N/S Line	Dist. E/W (ft)	E/W Line	Footage From
990	FSL	660	FWL	
Prop Num		Spud Date	Comp. Date	
410-913				
Additional Information				
Other 1	Other 2		Other 3	Other 4
Prepared By		Updated By		Last Updated
Shackelford		Shackelford		9/9/2015 3:17 PM

Hole Summary				
Date	O.D. (in)	Top (MD ft)	Bottom (MD ft)	Comments
	17.500	0	881	
	12.250	0	4,498	
	7.875	0	7,200	

Tubular Summary						
Date	Description	O.D. (in)	Wt (lb/ft)	Grade	Top (MD ft)	Bottom (MD ft)
	Surface Casing	13.375	61.00		0	881
	Intermediate Casing	8.625			0	4,498
	Production Casing	5.500	15.50		0	7,145

Casing Cement Summary						
C	Date	No. Sx	Csg. O.D. (in)	Top (MD ft)	Bottom (MD ft)	Comments
		735	13.375	0	881	
		2,800	8.625	0	4,498	
		940	5.500	4,200	7,200	

Tools/Problems Summary						
Date	Tool Type	O.D. (in)	I.D. (in)	Top (MD ft)	Bottom (MD ft)	
	DVT, D/O	8.625	0.000	2,779		0
	Pkr	7.875	5.500	6,367		0

Cement Plug Summary						
Date	No. Sx	O.D. (in)	Top (MD ft)	Bottom (MD ft)	Comments	
		5.500	7,145	7,200	PBTD	

Perforation Summary						
C	Date	Perf. Status	Formation	OA Top (MD ft)	OA Bottom (MD ft)	Shots
		Squeezed		6,389	6,399	
		Squeezed	6700' ZONE	6,650	6,666	
		Open		7,055	7,103	54

Formation Tops Summary		
Formation	Top (TVD ft)	Comments
YATES	2,513	
7-Rivers	2,758	
DELAWARE SAND	4,640	
BONE SPRING	7,133	

Field Name		Lease Name		Well No.	County	State		API No.	
Lusk West Delaware		Southern California		913	Lea	New Mexico		30-025-30094-0000	
Version	Version Tag				Spud Date		Comp. Date	GL (ft)	KB (ft)
3	SC #913								
Section	Township/Block	Range/Survey		Dist. N/S (ft)	N/S Line	Dist. E/W (ft)	E/W Line	Footage From	
29	19S	32E		990	FSL	660	FWL		
Operator		Well Status			Latitude		Longitude		Prop Num
Shackelford Oil Company									410-913
Other 1		Other 2			Other 3			Other 4	
Last Updated		Prepared By				Updated By			
09/09/2015 3:17 PM		Shackelford				Shackelford			
Additional Information									

Hole Summary

Date	O.D. (in)	Top (MD ft)	Bottom (MD ft)	Comments
	17.500	0	881	
	12.250	0	4,498	
	7.875	0	7,200	

Tubular Summary

Date	Description	No. Jts	O.D. (in)	Wt (lb/ft)	Grade	Top (MD ft)	Bottom (MD ft)	Comments
	Surface Casing		13.375	61.00		0	881	
	Intermediate Casing		8.625			0	4,498	24 & 32#
	Production Casing		5.500	15.50		0	7,145	

Casing Cement Summary

C	Date	No. Sx	Yield (ft3/sk)	Vol. (ft3)	Csg. O.D. (in)	Top (MD ft)	Bottom (MD ft)	Description	Comments
		735	1.00	735	13.375	0	881		
		2,800	1.00	2,800	8.625	0	4,498		
		940	1.00	940	5.500	4,200	7,200		

Tools/Problems Summary

Date	Tool Type	O.D. (in)	I.D. (in)	Top (MD ft)	Bottom (MD ft)	Description	Comments
	DV tool (drilled out)	8.625	0.000	2,779	0		
	Packer	7.875	5.500	6,367	0		

Cement Plug Summary

Date	No. Sx	O.D. (in)	Top (MD ft)	Bottom (MD ft)	Comments
		5.500	7,145	7,200	PBTD

Perforation Summary

C	Date	Perf. Status	Formation		Comments	
		Squeezed				
	Top (MD ft)	Bottom (MD ft)	SPF	Shots	Phasing (deg)	Interval Comments
	6,389	6,399				
C	Date	Perf. Status	Formation		Comments	
		Open				
	Top (MD ft)	Bottom (MD ft)	SPF	Shots	Phasing (deg)	Interval Comments
	7,055	7,060	3	15		
	7,071	7,074	3	9		
	7,085	7,089	3	12		
	7,093	7,096	3	9		
	7,100	7,103	3	9		
C	Date	Perf. Status	Formation		Comments	
		Squeezed	6700' ZONE			
	Top (MD ft)	Bottom (MD ft)	SPF	Shots	Phasing (deg)	Interval Comments
	6,650	6,653				
	6,655	6,656				
	6,659	6,660				
	6,662	6,666				

Formation Top Summary

Formation Name	Top(TVD ft)	Comments
YATES	2,513	
7-Rivers	2,758	
DELAWARE SAND	4,640	
BONE SPRING	7,133	

Behind Pipe Summary

C	Formation Name	Top (MD ft)	Bottom (MD ft)	Net Pay (ft)	Drain. Area(Acre)	Res. Pres. (psi)	Water Sat. (%)	Eff. Por. (%)	EUR Oil (MBO)	EUR Gas (MMCF)	Comments
	YATES	2,540	2,620	0	0	0	0.0%	0.0%	0	0	
	6700' ZONE	4,675	4,762	0	0	0	0.0%	0.0%	0	0	

4800' ZONE	4,823	4,870	0	0	0	0.0%	0.0%	0	0
UPPER BRUSHY	5,578	5,603	0	0	0	0.0%	0.0%	0	0
BASAL BRUSHY	7,054	7,096	0	0	0	0.0%	0.0%	0	0

"FOR RECORD ONLY"

Form 3160-5
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

COPY

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMLC063586

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

SEP 21 2015

2. Name of Operator
SHACKELFORD OIL COMPANY

3a. Address
203 W WALL ST, STE 200, MIDLAND TX 79701

3b. Phone No. (include area code)
(432) 682-9784

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 29 T19S R32E 990' FSL & 600' FWL

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
SOUTHERN CALIFORNIA # 913

9. API Well No.
30-025-30094

10. Field and Pool or Exploratory Area
LUSK DELAWARE, WEST

11. Country or Parish, State
LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

1. SET PACKER @ 6490'. SQUEEZED W/ CLASS C CEMENT (50 SXS). POOH W/ TUBING & PACKER
2. SET PACKER # 6199'. SQUEEZED W/ CLASS C CEMENT (25 SXS)
3. TESTED CASING @ 500 PSI - HELD. POOH W/ PACKER & TUBING
4. GIH W/ DRILLER COLLARS, TAG BOTTOM @ 6335'. DRILLED OUT CEMENT. TESTED CASING TO 500 PSI - HELD
5. RIGGED UP WIRELINE TRUCK, PERFORATE WELL @ 7066' - 60', 7071' - 74', 7085' - 89', 7093' - 96', 7100' - 03'. RIGGED DOWN WIRELINE TRUCK
6. GIH W/ TUBING WORK STRING AND PACKER, SET PACKER @ 6995'
7. ACIDIZE W/ 2000 GALS OF ACID
8. POOH W/ TUBING
9. FLANGED UP FRAC HEAD
10. FRAC WELL W/ 93,450 GALS OF FRAC FLUID AND 95,900 LBS OF FRAC SAND
11. POOH W/ TUBING, WORK STRING & PACKER
12. GIH W/ 2 3/8" TUBING
13. PUT ON PRODUCTION

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)
BRADY SHACKELFORD

Title (FO)

Signature

Date 9/4/15

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

(Instructions on page 2)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

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

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMLC063586

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Shackelford Oil Company

3a. Address
203 W WALL ST, STE 200, MIDLAND TX 79701

3b. Phone No. (include area code)
(432) 682-9784

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 29 T19S R32E 990' FSL & 600' FWL

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
SOUTHERN CALIFORNIA # 913

9. API Well No.
30-025-30094

10. Field and Pool or Exploratory Area
LUSK DELAWARE, WEST

11. Country or Parish, State
LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>CHANGE OF NAME</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

DUE TO RECOMPLETION TO THE LOWER BRUSHY CANYON DELAWARE FORMATION, THE WELL IS NO LONGER IN THE LUSK WEST DELAWARE UNIT. THEREFORE, THE NAME HAS BEEN CHANGED FROM THE LUSK WEST DELAWARE UNIT #913 TO THE SOUTHERN CALIFORNIA #913.

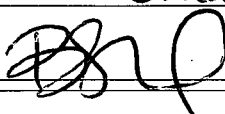
WELL PRIOR TO RECOMPLETION	NAME LUSK WEST DELAWARE UNIT #913	API 30-025-30094	LEASE NMLC063586
WELL AFTER RECOMPLETION	NAME SOUTHERN CALIFORNIA #913	API 30-025-30094	LEASE NMLC063586

14. I hereby certify that the foregoing is true and correct.
Name (Printed/Typed)

Brady Shackelford

Title CTO

Signature



Date

9/4/15

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

(Instructions on page 2)



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other b. Type of Completion: <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other: _____						5. Lease Serial No. NMLC063586				
2. Name of Operator SHACKELFORD OIL COMPANY						6. If Indian, Allottee or Tribe Name 7. Unit or CA Agreement Name and No.				
3. Address 203 W WALL ST, STE 200 MIDLAND TX 79701				3a. Phone No. (include area code) (432) 682-9784		8. Lease Name and Well No. SOUTHERN CALIFORNIA # 913				
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 990' FSL & 600' FWL At top prod. interval reported below At total depth						9. AFI Well No. 30-025-30094 10. Field and Pool or Exploratory LUSK DELAWARE, WEST 11. Sec., T., R., M., on Block and Survey or Area SEC 29 T19S R32E 12. County or Parish LEA COUNTY 13. State NM				
14. Date Spudded		15. Date T.D. Reached		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)*				
18. Total Depth: MD 7200' TVD 7200'		19. Plug Back T.D.: MD 7145' TVD 7145'		20. Depth Bridge Plug Set: MD TVD						
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)						22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input checked="" 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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled	
17 1/2"	13 3/8"	61#	0	881'		735		SURFACE		
12 1/4"	8 5/8"	24 & 32#	0	4498'		2800		SURFACE		
7 7/8"	5 1/2"	15.5"	0	7145'		940		4200'		
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 3/8"	6950'									
25. Producing Intervals										
Formation		Top		Bottom		Perforated Interval		Size	No. Holes	Perf. Status
A) LOWER BRUSHY CANYON		7055'		7103'		7055' - 7103'			54	OPEN
B)										
C)										
D)										
27. Acid, Fracture, Treatment, Cement Squeeze, etc.										
Depth Interval		Amount and Type of Material								
7055' - 7103'		2000 GALLONS OF 7 1/2 NEFE ACID								
7055' - 7103'		93450 GALS OF FRAC FLUID & 94660 LBS OF FRAC SAND								
6389' - 6399'		SQUEEZED W/ CLASS C CEMENT (25 SXS)								
6650' - 6666'		SQUEEZED W/ CLASS C CEMENT (50 SXS)								
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	
8/10/15	8/13/15	24	→	22	16	84	33.5		PUMPING UNIT	
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status		
		40	→							
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)

jm

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 (Solid, used for fuel, vented, etc.)

Sold

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
DELAWARE	4590	7132			
BONE SPRINGS	7132				

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) Brady StackelfordTitle CFOSignature [Signature]Date 9/4/15

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.