


| | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|-----------------------|---------------|
| Submit To Appropriate District Office Two Copies 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 and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | | | | Form C-105 Revised August 1, 2011 | | | | |
| | | 1. WELL API NO. 30-025-44495 | | | | | | | | |
| | | 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN | | | | | | | | |
| | | 3. State Oil & Gas Lease No. | | | | | | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | |
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) | | | | | | 5. Lease Name or Unit Agreement Name Eagleclaw Federal 6. Well Number: 2H | | | | |
| 7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | | | | | | | | | | |
| 8. Name of Operator Caza Operating LLC | | | | | | 9. OGRID 249099 | | | | |
| 10. Address of Operator 200 N. Lorraine St. #1550, Midland, TX 79701 | | | | | | 11. Pool name or Wildcat WC-025 G-08 S203506D; Bone Spring | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
| Surface: | 3 | 5 | 25S | 35E | | 190 | North | 2173 | West | Lea |
| BH: | 6 | 8 | 25S | 35E | | 2237 | North | 2237 | West | Lea |
| 13. Date Spudded 2/11/2018 | 14. Date T.D. Reached 3/10/2018 | | 15. Date Rig Released 3/13/2018 | | 16. Date Completed (Ready to Produce) 7/23/2018 | | | 17. Elevations (DF and RKB, RT, GR, etc.) 3694' GR | | |
| 18. Total Measured Depth of Well 18484 | | | 19. Plug Back Measured Depth 18428 | | | 20. Was Directional Survey Made? yes | | 21. Type Electric and Other Logs Run gamma ray | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 11411' - 18377' 3rd Bone Spring | | | | | | | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | | | | | | |
| CASING SIZE | | WEIGHT LB./FT. | | DEPTH SET | | HOLE SIZE | | CEMENTING RECORD | | AMOUNT PULLED |
| 13.375 | | 54.5 | | 1952 | | 17.5 | | 1526sx | | |
| 9.625 | | 40 | | 4292 | | 12.25 | | 2075sx | | |
| 5.5 | | 20 | | 18463 | | 8.75 | | 2405sx | | |
| | | | | | | | | | | |
| 24. LINER RECORD | | | | | | | | | | |
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 25. TUBING RECORD | | | | | | | | | | |
| SIZE | DEPTH SET | | PACKER SET | | | | | | | |
| | 2.875 | | 10416 | | 10414 | | | | | |
| | | | | | | | | | | |
| 26. Perforation record (interval, size, and number) | | | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. | | | | |
| | | | | | | DEPTH INTERVAL | | AMOUNT AND KIND MATERIAL USED | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 28. PRODUCTION | | | | | | | | | | |
| Date First Production 7/25/2018 | | Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) flowing | | | | Well Status (<i>Prod. or Shut-in</i>) producing | | | | |
| Date of Test 8/4/2018 | Hours Tested 24 | Choke Size 22/64 | Prod'n For Test Period | Oil - Bbl 1152 | Gas - MCF 968 | Water - Bbl. 1833 | Gas - Oil Ratio 0.84:1 | | | |
| Flow Tubing Press. 1380 | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (<i>Corr.</i>) 38 | | | | |
| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) sold | | | | | | | | 30. Test Witnessed By Kevin Garrett | | |
| 31. List Attachments gamma ray | | | | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. | | | | | | | | | | |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial: | | | | | | | | | | |
| Latitude | | | Longitude | | | NAD 1927 1983 | | | | |
| I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief | | | | | | | | | | |
| Signature  | | | Printed Name Steve Morris | | | Title Contract Engineer | | | Date 8/14/2018 | |
| E-mail Address steve.morris@mojoenergy.com | | | | | | | | | | |

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

| Southeastern New Mexico | | Northwestern New Mexico | |
|-------------------------|------------------|-------------------------|------------------|
| T. Anhy | T. Canyon | T. Ojo Alamo | T. Penn A" |
| T. Salt | T. Strawn | T. Kirtland | T. Penn. "B" |
| B. Salt | T. Atoka | T. Fruitland | T. Penn. "C" |
| T. Yates | T. Miss | T. Pictured Cliffs | T. Penn. "D" |
| T. 7 Rivers | T. Devonian | T. Cliff House | T. Leadville |
| T. Queen | T. Silurian | T. Menefee | T. Madison |
| T. Grayburg | T. Montoya | T. Point Lookout | T. Elbert |
| T. San Andres | T. Simpson | T. Mancos | T. McCracken |
| T. Glorieta | T. McKee | T. Gallup | T. Ignacio Otzte |
| T. Paddock | T. Ellenburger | Base Greenhorn | T.Granite |
| T. Blinebry | T. Gr. Wash | T. Dakota | |
| T.Tubb | T. Delaware Sand | T. Morrison | |
| T. Drinkard | T. Bone Springs | T.Todilto | |
| T. Abo | T. | T. Entrada | |
| T. Wolfcamp | T. | T. Wingate | |
| T. Penn | T. | T. Chinle | |
| T. Cisco (Bough C) | T. | T. Permian | |

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....
No. 2, from.....to.....
No. 3, from.....to.....
No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness In Feet | Lithology |
|------|----|----------------------|-----------|
| | | | |

| From | To | Thickness In Feet | Lithology |
|------|----|----------------------|-----------|
| | | | |