

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**

<sup>1</sup> Operator name and Address Caza Operating LLC 200 N. Lorraine St. #1550, Midland, TX 79701		<sup>2</sup> OGRID Number 249099
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 0 25-42972	<sup>5</sup> Pool Name FEATHERSTONE; BONE SPRING	<sup>6</sup> Pool Code 24250
<sup>7</sup> Property Code 317383	<sup>8</sup> Property Name Desert Rose Federal	<sup>9</sup> Well Number 1H

**II. <sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	17	20S	35E		190	South	467	West	Lea

**<sup>11</sup> 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
L	8	20S	35E		2595	South	468	West	Lea

<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 03/02/2019	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
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**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
34053	Plains Marketing, LP 333 Clay St. #1600, Houston, TX 77002	O
703107	Lucid Energy Group, LLC 3100 McKinnon Street, Suite 800 Dallas, TX 88240	G
	Hydrosteam Oilfield Services 2013 E. Oak, Hobbs, NM 88240	W

**IV. Well Completion Data**

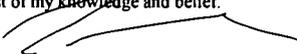
<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBDT	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
12/08/2018	03/02/2019	19215	19095	11616' - 19121'	

<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement
17.5	13.375	1851	1290
12.25	9.625	5612	1884
8.75	5.5	19214	2574

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
03/02/2019	03/02/2019	03/11/2019	24hrs	580	1050

<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method
28/64	545	446	501	Flowing

<sup>42</sup> 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: 		OIL CONSERVATION DIVISION	
Printed name: Steve Morris		Approved by: 	
Title: Contract Engineer		Title: Staff Mgr	
E-mail Address: steve.morris@mojoenergy.com		Approval Date: 5-16-19	
Date: 08/14/2018	Phone: 432-201-3031		

Documents pending BLM approvals will subsequently be reviewed and scanned

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	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised August 1, 2011  <b>1. WELL API NO. 30-025-42972</b>  2. Type of Lease <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.
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**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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:  <b>1H</b>
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7. Type of Completion:  
 NEW WELL    WORKOVER    DEEPENING    PLUGBACK    DIFFERENT RESERVOIR    OTHER

8. Name of Operator **Caza Operating LLC**      9. OGRID **249099**

10. Address of Operator **200 N. Lorraine St, Midland, TX 79701**      11. Pool name or Wildcat **FEATHERSTONE; BONE SPRING**

12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	17	20S	35E		190	south	467	west	Lea
BH:	L	8	20S	35E		2595	south	468	west	Lea

13. Date Spudded <b>12/08/2018</b>	14. Date T.D. Reached <b>1/10/2019</b>	15. Date Rig Released <b>1/11/2019</b>	16. Date Completed (Ready to Produce) <b>03/02/2019</b>	17. Elevations (DF and RKB, RT, GR, etc.) <b>3690</b>
18. Total Measured Depth of Well <b>19215</b>		19. Plug Back Measured Depth <b>19095</b>	20. Was Directional Survey Made? <b>yes</b>	21. Type Electric and Other Logs Run <b>Gamma and Res, CBL</b>
22. Producing Interval(s), of this completion - Top, Bottom, Name <b>11616 - 19121' Bone Spring</b>				

**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	1851	17.5	1290sx	
9.625	40	4330	12.25	1884sx	
5.5	20	19214	8.75	2574sx	

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2.875	11088	11086

26. Perforation record (interval, size, and number)  <b>11,726-18,532 46 stages, 4 clusters/ stage, 32 holes per cluster</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

**28. PRODUCTION**

Date First Production <b>03/02/2019</b>		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) <b>flowing</b>			Well Status ( <i>Prod. or Shut-in</i> ) <b>producing</b>		
Date of Test <b>03/11/2019</b>	Hours Tested <b>24</b>	Choke Size <b>28/64</b>	Prod'n For Test Period	Oil - Bbl <b>545</b>	Gas - MCF <b>501</b>	Water - Bbl. <b>446</b>	Gas - Oil Ratio <b>0.91:1</b>
Flow Tubing Press. <b>580</b>	Casing Pressure <b>1050</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - ( <i>Corr.</i> )	

29. Disposition of Gas (*Sold, used for fuel, vented, etc.*)      **sold**      30. Test Witnessed By  
**Kevin Garrett**

31. List Attachments      **logs**

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 **03/25/20**

E-mail Address **steve.morris@mojoenergy.com**

**Accepted for Record Only**



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD

MAY 15 2019

WELL COMPLETION OR RE-COMPLETION REPORT AND RECEIVED

**Bold\*** fields are required.

Section 1 - Completed by Operator	
<b>1. BLM Office*</b> Hobbs, NM	<b>2. Well Type*</b> OIL
<b>3. Completion Type*</b> New Well	
Operating Company Information	
<b>4. Company Name*</b> CAZA OPERATING LLC	
<b>5. Address*</b> 200 N LORRAINE ST #1550 MIDLAND TX 79701	<b>6. Phone Number*</b> 432-682-7424
Administrative Contact Information	
<b>7. Contact Name*</b> STEVE _ MORRIS	<b>8. Title*</b> CONTRACT ENGINEER
<b>9. Address*</b> 200 N LORRAINE ST #1550 MIDLAND TX 79701	<b>10. Phone Number*</b> 985-415-9729
	<b>11. Mobile Number</b> _____
<b>12. E-mail*</b> steve.morris@morcorengineering.com	<b>13. Fax Number</b> _____
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
<b>14. Contact Name*</b> _____	<b>15. Title*</b> _____
<b>16. Address*</b> _____ _____ _____	<b>17. Phone Number*</b> _____
	<b>18. Mobile Number</b> _____
<b>19. E-mail*</b> _____	<b>20. Fax Number</b> _____
Surface Location	
21. Specify location using one of the following methods: a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract b) State, County, Latitude, Longitude, Metes & Bounds description	
<b>State*</b>	<b>County or Parish*</b>

Documents pending BLM approvals will subsequently be reviewed and scanned

NM	LEA			
Section 17	Township 20S	Range 35E	Meridian	
Qtr/Qtr NWSW	Lot # —	Tract # —	N/S Footage 190 FSL	E/W Footage 467 FWL
Latitude 32.566442	Longitude 103.486514	Metes and Bounds		

**Producing Interval Location**

22. Specify location or  
 Check here if the producing hole location is the same as the surface location.

State*	County or Parish*			
—	—			
Section	Township	Range	Meridian	
—	—	—	—	
Qtr/Qtr	Lot #	Tract #	N/S Footage	E/W Footage
—	—	—	—	—
Latitude	Longitude	Metes and Bounds		
—	—	—		

**Bottom Location**

23. Specify location or  
 Check here if the bottom hole location is the same as the surface location.

State*	County or Parish*			
NM	LEA			
Section	Township	Range	Meridian	
8	20S	35E	—	
Qtr/Qtr NWSW	Lot # —	Tract # —	N/S Footage 2595 FSL	E/W Footage 468 FWL
Latitude 32.587557	Longitude 103.48649	Metes and Bounds		

**Lease and Agreement**

<b>24. Lease Serial Number*</b> NMNM132076	_____
<b>26. If Unit or CA/Agreement, Name and/or Number</b> _____	<b>27. Field and Pool, or Exploratory Area*</b> FEATHERSTONE; BONE SPRING

**Well**

<b>28. Well Name*</b> DESERT ROSE FEDERAL	<b>29. Well Number*</b> 1H	<b>30. API Number</b> 30-025-42972	
<b>31. Date Spudded</b> 12/08/2018	<b>32. Date T.D. Reached</b> 01/09/2019	<b>33. Date Completed</b> 03/02/2019 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	<b>34. Elevations (DF, RKB, RT, GL)</b> 3715 Kelly Bushing
<b>35. Total Depth:</b> MD 19215 TVD 11448	<b>36. Plug Back Total Depth:</b> MD 19095 TVD 11288	<b>37. Depth Bridge Plug Set:</b> MD _____ TVD _____	

<b>38. Type Electric &amp; Other Mechanical Logs Run</b> <i>(Submit copy of each)</i> GAMMA RAY, MUD LOG	<b>39.</b> Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Analysis)</i> Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Report)</i> Directional Survey? <input type="radio"/> No <input checked="" type="radio"/> Yes <i>(Submit Copy)</i>
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40. Casing and Liner Record <i>(Report all strings set in well)</i>										
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	J55	54.5	0	1851	—	1290	358	0	—
12.25	9.625	L80	40	0	3906	3906	1139	69	0	—
12.25	9.625	HCL80	40	3906	5612	3906	745	212	3906	—
8.75	5.5	P110	20	0	19214	—	2574	918	4520	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

41. Tubing Record			42. Producing Intervals		
Size	Depth Set (MD)	Packer Depth (MD)	Formation	Top (MD)	Bottom (MD)
2.875	11088	11097	A)3RD BONE SPRING	11616	19121
—	—	—	B) _____	—	—
—	—	—	C) _____	—	—
—	—	—	D) _____	—	—

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status
11616	19121	0.42	1560	OPEN
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
11616	19121	16,353,310 LBS. OF 40/70 WHITE & 3,567,770 LBS. OF SLC
—	—	—
—	—	—
—	—	—

45. Production Method and Well Status for Production Intervals	
Production Method	Well Status
Flows From Well	Producing Oil Well

46. Production - Interval A								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
03/02/2019	03/11/2019	24	>>>>>	454	501	446	36	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	

28/64	580	—	1050	>>>>>	454	501	446	—
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**47. Production - Interval B**

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 In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	—	—	>>>>>	—	—	—	—	

**48. Production - Interval C**

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 In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	—	—	>>>>>	—	—	—	—	

**49. Production - Interval D**

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 In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	—	—	>>>>>	—	—	—	—	

**50. Disposition of Gas (Sold, used for fuel, vented, etc.)**  
 Sold

<p><b>51. Summary of Porous Zones (Include Aquifers):</b>                  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.</p>				<p><b>52. Formation (Log) Markers</b></p>	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
1ST BONE SPRING SAND	9738	10124	SAND	—	—
2ND BONE SPRING SAND	10438	10963	SAND	—	—
3RD BONE SPRING SAND	11435	—	SAND	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—

**53. Additional remarks (include plugging procedure):**

54. 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:

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

<b>55. Name</b> STEVE _ MORRIS	<b>56. Title</b> CONTRACT ENGINEER
<b>57. Date*</b> (MM/DD/YYYY) 03/16/2019 <u>Today</u>	<b>58. Signature*</b> <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>

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.

**Section 2 - System Receipt Confirmation**

59. Transaction _____	60. Date Sent _____	61. Processing Office _____
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**Section 3 - Internal Review #1 Status**

62. Review Category _____	63. Date Completed _____	64. Reviewer Name _____
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65. Comments   
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<b>Section 4 - Internal Review #2 Status</b>		
66. Review Category _____	67. Date Completed _____	68. Reviewer Name _____
69. Comments		

<b>Section 5 - Internal Review #3 Status</b>		
70. Review Category _____	71. Date Completed _____	72. Reviewer Name _____
73. Comments		

<b>Section 6 - Internal Review #4 Status</b>		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments		

<b>Section 7 - Final Approval Status</b>			
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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**HOBBS OCD**

**MAY 15 2019**

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

**WELL COMPLETION OR RECOMPLETION REPORT AND LOGS**

**RECEIVED**

5. Lease Serial No.  
NNM132076

1a. Type of Well  Oil Well  Gas Well  Dry  Other  
 b. Type of Completion  New Well  Work Over  Deepen  Plug Back  Diff. Resvr.  
 Other \_\_\_\_\_

2. Name of Operator **CAZA OPERATING LLC** Contact: **STEVE MORRIS**  
 E-Mail: **steve.morris@mojoenergy.com**

3. Address **200 NORTH LORRAINE SUITE 1550 MIDLAND, TX 79701** 3a. Phone No. (include area code)  
 Ph: **403-923-9750**

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
 Sec 17 T20S R35E Mer NMP  
 At surface **SWSW 190FSL 467FWL 32.566442 N Lat, 103.486514 W Lon**  
 Sec 17 T20S R35E Mer NMP  
 At top prod interval reported below **SWSW 190FSL 467FWL 32.566442 N Lat, 103.486514 W Lon**  
 Sec 8 T20S R35E Mer NMP  
 At total depth **NWSW 2595FSL 468FWL 32.587557 N Lat, 103.486490 W Lon**

6. If Indian, Allottee or Tribe Name  
 7. Unit or CA Agreement Name and No.  
 8. Lease Name and Well No.  
**DESERT ROSE 17 8 FEDERAL COM 1H**

9. API Well No.  
**30-025-42972-00-S1**

10. Field and Pool, or Exploratory  
**FEATHERSTONE**

11. Sec., T., R., M., or Block and Survey  
 or Area **Sec 17 T20S R35E Mer NMP**

12. County or Parish  
**LEA** 13. State  
**NM**

14. Date Spudded  
**12/08/2018** 15. Date T.D. Reached  
**01/09/2019** 16. Date Completed  
 D & A  Ready to Prod.  
**03/02/2019**

17. Elevations (DF, KB, RT, GL)\*  
**3715 KB**

18. Total Depth: MD **19215** TVD **11448** 19. Plug Back T.D.: MD **19095** TVD **11288** 20. Depth Bridge Plug Set: MD **19095** TVD **11288**

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
**GAMMARAY MUDLOG**

22. Was well cored?  No  Yes (Submit analysis)  
 Was DST run?  No  Yes (Submit analysis)  
 Directional Survey?  No  Yes (Submit analysis)

**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
17.500	13.375 J55	54.5	0	1851		1290	358	0	
12.250	9.625 L80	40.0	0	3906	3906	1139	69	0	
8.750	5.500 P110	20.0	0	19214		2574	918	4520	
12.250	9.625 HCL-80	40.0	3906	5612	3906	745	212	3906	

**24. Tubing Record**

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	11088	11097						

**25. Producing Intervals**      **26. Perforation Record**

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING 3RD	11435	19121	11616 TO 19121	0.000	1560	OPEN
B)						
C)						
D)						

**27. Acid, Fracture, Treatment, Cement Squeeze, Etc.**

Depth Interval	Amount and Type of Material
11616 TO 19121	16,353,310 LBS. OF 40/70 WHITE & 3,567,770 LBS. OF SLC

**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
03/02/2019	03/11/2019	24	→	454.0	501.0	446.0	36.0		FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
28/64	SI 580	1050.0	→	454	501	446		POW	

**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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

(See Instructions and spaces for additional data on reverse side)  
 ELECTRONIC SUBMISSION #458246 VERIFIED BY THE BLM WELL INFORMATION SYS  
**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM**

Documents pending BLM approvals will subsequently be reviewed and scanned

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.)  
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
BONE SPRING 1ST	9738	10124	SAND		
BONE SPRING 2ND	10438	10963	SAND		
BONE SPRING 3RD	11435		SAND		

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 #458246 Verified by the BLM Well Information System.  
For CAZA OPERATING LLC, sent to the Hobbs  
Committed to AFMS for processing by DEBORAH HAM on 04/09/2019 (19DMH0072SE)**

Name (please print) STEVE MORRIS Title CONTRACT ENGINEER

Signature \_\_\_\_\_ (Electronic Submission) Date 03/16/2019

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.

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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.