

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

30-025-40055

Section 1 - Completed by Operator	
1. BLM Office* Hobbs, NM	2. Well Type* OIL
3. Completion Type* New Well	
Operating Company Information	
4. Company Name* READ & STEVENS, INC.	
5. Address* P. O. BOX 1518 ROSWELL NM 88202	6. Phone Number* 575-622-3770
Administrative Contact Information	
7. Contact Name* DAVID _ LUNA	8. Title* OPERATIONS MANAGER
9. Address* P. O. BOX 1518 ROSWELL NM 88202	10. Phone Number* 575-622-3770 305
	11. Mobile Number 575-626-9395
12. E-mail* dluna@read-stevens.com	13. Fax Number 575-622-8643
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
14. Contact Name*	15. Title*
16. Address*	17. Phone Number*
	18. Mobile Number
19. E-mail*	20. Fax Number
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	

MAY 23 2011

State* NM	County or Parish* LEA COUNTY			
Section 14	Township 20S	Range 34E	Meridian	
Qtr/Qtr	Lot #	Tract #	N/S Footage 1980 FSL	E/W Footage 330 FWL
Latitude	Longitude	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* —			
Section	Township	Range	Meridian	
Qtr/Qtr	Lot #	Tract #	N/S Footage	E/W Footage
Latitude	Longitude	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number* NMNM78273	
26. If Unit or CA/Agreement, Name and/or Number	27. Field and Pool, or Exploratory Area* LEA-YATES

Well

28. Well Name* LUCY FEDERAL	29. Well Number* 2	30. API Number 30-025-40055	
31. Date Spudded 02/14/2011	32. Date T.D. Reached 02/22/2011	33. Date Completed 03/17/2011 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 3648 Ground Level

35. Total Depth: <div style="text-align: right;">MD 3860 TVD _____</div>	36. Plug Back Total Depth: <div style="text-align: right;">MD 3810 TVD _____</div>	37. Depth Bridge Plug Set: <div style="text-align: right;">MD _____ TVD _____</div>								
38. Type Electric & Other Mechanical Logs Run <i>(Submit copy of each)</i> GR/CCL/CBL, PEX-HRLA										
39. 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 checked="" type="radio"/> No <input type="radio"/> Yes <i>(Submit Copy)</i>										
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
12.25	8.625	J55	32	_____	1662	_____	830	_____	0	225
7.875	5.5	J55	15.5	_____	3860	3297	530	_____	0	78
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
41. Tubing Record						42. Producing Intervals				
Size	Depth Set (MD)	Packer Depth (MD)				Formation	Top (MD)	Bottom (MD)		
2.375	3746	_____				A) LEA-YATES	3666	3711		
_____	_____	_____				B) _____	_____	_____		
_____	_____	_____				C) _____	_____	_____		
_____	_____	_____				D) _____	_____	_____		
43. Perforation Record										
Top	Bottom	Size	No. Holes	Perf. Status						
3662	3666	0.4	9	2 SPF 39" CMT PENETRATION						
3711	3715	0.4	9	2 SPF 39' CMT PENETRATION						
_____	_____	_____	_____	_____						
_____	_____	_____	_____	_____						
_____	_____	_____	_____	_____						
44. Acid, Fracture, Treatment, Cement Squeeze, etc.										
Top	Bottom	Amount and Type of Material								
3666	3711	1200 GALS NEFE HCL. FLUSH W/22 BBLS 2% KCI WTR								
_____	_____	_____								
_____	_____	_____								
_____	_____	_____								
_____	_____	_____								
45. Production Method and Well Status for Production Intervals										
Production Method						Well Status				
Electric Pumping Unit						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		

03/17/2011	03/29/2011	24	>>>>>	61	0	171		0
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
		15	>>>>>	61	0	171	0	

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.)

No Measurable Gas

51. 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.

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
TOP SALT	1686		SALT		
BOTTOM		3220	SALT		
LEA-YATES	3466	3510	SANDSTONE	YATES	3460
LEA-YATES	3570	3586	SANDSTONE		
LEA-YATES	3660	3720	SANDSTONE		

52. Formation (Log) Markers

53. Additional remarks (include plugging procedure):

Attachment: Inclination Report

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)*

55. Name

DAVID LUNA

56. Title

OPERATION MANAGER

57. Date* (MM/DD/YYYY)

04/01/2011 Today

58. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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 _____
65. Comments 		

Section 4 - Internal Review #2 Status		
66. Review Category _____	67. Date Completed _____	68. Reviewer Name _____
69. Comments 		

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

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

Section 7 - Final Approval Status			
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