



**IDAHO OIL AND GAS CONSERVATION COMMISSION**  
**WELL COMPLETION OR RECOMPLETION REPORT AND WELL REPORT**



DESIGNATE TYPE OF COMPLETION:

New Well  Work-Over  Deepen  Plug Back  Same Reservoir  Different Reservoir  Oil  Gas  Dry

Well Name/Number: ML Investments #1-3 US Well Number: 11-075-20026

Operator: Alta Mesa Services, LP Contact Person: Ronda Louderman

Address: 15021 Katy Freeway, Suite 400, Houston, TX 77094

Field & Reservoir: Willow County: Payette

Location: (Sec.-TWP-Range or Block & Survey): Sec 3, T 8N, R 4W Date Permit Issued: 06/24/2015

Date spudded <b>11/28/2015</b>	Date total depth reached <b>12/09/2015</b>	Date completed, ready to produce <b>01/27/2016</b>	Elevation (DF, RKB, RT, or GR) <b>2,675' ASL GR</b>	Elevation of casing hd. Flange
Total depth <b>5,585'</b>	P.B.T.D. <sup>1</sup> <b>4,478' ELM</b>	Single, dual, or triple completion <b>Single</b>	If this is a dual or triple completion, furnish separate report for each completion. Enter NA or Multiple; see separate report: <b>NA</b>	
Producing interval(s) for this completion <b>4,414-26', 4,448-51', 4,452-62' (ELM)</b>		Rotary Tools used (interval) <b>0-4,775'</b>	Cable tools used (interval) <b>NA</b>	
Was this well directionally drilled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Was a directional survey made? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Was a copy of directional survey filed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Date filed <b>02/15/2016</b>
Type of electrical or other logs run (check logs filed with the commission) <b>Compact Triple Combo, Sector Cement Bond</b>				Date filed <b>02/15/2016</b>

<sup>1</sup> Plug Back Total Depth

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size Hole Drilled	Size Casing set	Weight (lb./ft.)	Depth set	Sacks Cement	Amount, Pulled
Conductor	17 1/2"	13.375"	54.5	120'	0	0
Surface	12 1/4"	9.625"	40	1,084'	305	0
Production	8 3/4"	7"	26	4,772'	582	0

TUBING RECORD

LINER RECORD

Size: (ft)	Depth: (ft)	Packer set at: (ft)	Size: (ft)	Top: (ft)	Bottom: (ft)	Sacks Cement:	Screen: (ft)
2.875"	4,344'	4,318'	7"	NA	NA	NA	NA

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & Type	Tubing Weight	Depth Interval	Amount & Kind of Material Used	Depth Interval
4	2 1/8" HSC JSC	6.5 lb/ft	0-4,344'	NA	NA

Date of First Production:

**6/16/17**

**NOTE: IF A 4-POINT TEST IS PERFORMED, PLEASE ATTACH A COPY TO THIS COMPLETION REPORT.**

2017 SEP 12 AM 10:21

DEPT. OF LANDS



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Date of Test <b>6/19/17</b>	Hrs. Tested <b>24</b>	Choke Size <b>27/64"</b>	Oil Prod. During Test (bbls.) <b>104</b>	Gas Prod. During Test (MCF) <b>4,926</b>	Water Prod. During Test (bbls.) <b>25</b>
Tubing Pressure (PSI) <b>957</b>	Casing Pressure (PSI) <b>0</b>	BHP (PSI) <b>NA</b>	Oil Gravity *API (Corr) <b>69.2</b>	Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump): <b>Flowing</b>	
Cal'ed Rate per 24 hrs	Oil (bbls.) <b>104</b>	Gas (MCF) <b>4,926</b>	Water (bbls.) <b>25</b>	Gas—oil ratio <b>47,365</b> <b>SCF/STB</b>	

Disposition of gas (state whether vented, used for fuel or sold): **Sold**

Well Name/Number: **ML Investments #1-3** \_\_\_\_\_ US Well Number: **11-075-20026** \_\_\_\_\_

Operator: **Alta Mesa Services, LP** \_\_\_\_\_

**DETAIL OF FORMATIONS PENETRATED**

Formation	Top	Bottom	Description*
<b>Glenns Ferry</b>	<b>Surface</b>	<b>2,410'</b>	<b>Lacustrine and Fluvial Sediment</b>
<b>Chalk Hills</b>	<b>2,410'</b>	<b>TD</b>	<b>Volcanic Ash, Lacustrine and Fluvial Sediment</b>

\*In accordance with IDAPA 20.07.02.10.58, describe the strata, water, oil, or gas encountered. Provide additional information as to give volumes, pressures, rate of fill-up, water depths, caving strata, etc, as is usually recorded in normal procedure of drilling. Show all important zones of porosity, lithologic description of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

**INSTRUCTIONS: IF NEEDED, PLEASE ATTACH A SEPARATE DOCUMENT FOR FORMATION DETAIL, IF PAGE TWO DOES NOT PROVIDE ENOUGH ROOM TO DO SO.**

CERTIFICATE: I, the undersigned, state that I am the **Regulatory & Pipeline Supervisor** \_\_\_\_\_



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of the Alta Mesa Services, LP (company) and that I am authorized by said company to make this report and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

9/11/2017

Date

*Sonda Loderman*  
Signature

This Well Completion or Recompletion Report and Well Report shall be filed with the:

Idaho Department of Lands  
Oil and Gas Division  
300 N. 6<sup>th</sup> Street, Suite 103  
Boise, Idaho, 83702

not later than thirty (30) days after project completion as per Rule 20.07.02.340 and Idaho Code § 47-3.