

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



DESIGNATE TYPE OF COMPLETION:

Operator: Alta Mesa Services, LP Address: 15021 Katy Freeway, Suite 400, Houston, TX 77094 Field & Reservoir: Wildcat Idaho Location: (SecTWP-Range or Block & Survey): Sect. 14, T8N, R5W Date spudded Date total depth reached 1/17/2018 Date completed, ready to produce Elevation (DF, RKB, RT, or GR) 2/10/2018 Date spudded 1/25/2018 Date completed, ready to produce Elevation (DF, RKB, RT, or GR) 2/10/2018 Total depth P.B.T.D.¹ Single, dual, or triple completion If this is a dual or triple completion, furnish separate report for each	New W	_	Vork-Ov	_	eepen [☐ F	Plug Ba	ack 🔳	Sar	me Re	servol	_		erent Reser			H 🔲	Gas [∎ <u>≧</u> Dr	у 🗆	
Address: 15021 Katy Freeway, Suite 400, Houston, TX 77094 County: Payette	Well Name/Number: Barlow #1-14 US Well Number: 11-075-20033										Transfer y										
Field & Reservoir_ Wildcat Idaho	Operator: Alta Mesa Services, LP Contact Person: Tammy Short-281-944-0686										-1										
Date Studend Date Death Date	_									<u> </u>											
Date Sudded Date total open flower Date Dat										Provide Alexander											
1/17/2018	Location: (SecTWP-Range or Block & Survey): 5551: 74, 1511, 1511																				
Total depth P.B.T.D.¹ Single, dual, or triple completion, furnish separate report for each completion Single Sin												Flange									
No	Total depth P.B.T.D. ¹ Single, dual, or triple completion If this is a dual or triple completion, furnish separate repo											rt for each									
Was this well directionally drilled? Was a directional survey made? Was a copy of directional survey Date filled NA	4,150'							1				completion. Enter NA or Multiple; see separate report:									
Was this welf directionally drilled? Was a directional survey made? Yes No NA Mage NA Mage NA Mage NA NA NA NA NA NA NA N	_		this con	pletion	Rotar	y Tools used (interval)					, ,										
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Pug Bex Tool Depth Pug Bex						with t	не соп	nmissior	n)								Date filed				
Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.) Purpose Size Hole Drilled Size Casing set Welght (fb/ft.) Depth set Sacks Cement Amount, Pulled	.																				
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Conductor 19" 16" 120'																					
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TUBING RECORD Size: (ft) Tubing Weight: Depth: (ft) Packer set at: (ft) Size: (ft) Top: (ft) Bottom: (ft) Sacks Cement: Screen: (ft) 2.875" 6.5# 231' 3,477' ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD PERFORATION RECORD ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD Number per ft, Size & Type Depth Interval Amount & Kind of Material Used Depth Interval 6 31/8" HSE Gun 3,503-12' Date of First Production: 2/17/2018 Date of First Production: 2/17/2018 Date of First Production: 3/17/2018 Date of First Production:								40#							328						
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Disposition of pay (ateta whether would be payd)	Cal'ted Rate								.)					_*.							
	Disposition o	f gas (state		er vented, i	,		sold):					- 1									



6/25/2018

Date

Well Name/Number: Barlow #1-14

Operator: Alta Mesa Services, LP

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

US Well Number: 11-075-20033



DETAIL OF FORMATIONS PENETRATED										
Formation	Тор	Bottom	Description*							
Glenns Ferry Chalk Hills	Surface 2,150' MD	2,150' MD TD	Lacustrine and Fluvial Sediment Volcanic Ash, Lacustrine and Fluvial Sediment							
*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.										

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

Signature

of the Atta Mosa 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.

CERTIFICATE: I, the undersigned, state that I am the Regulatory Analyst

Idaho Department of Lands Oil and Gas Division 300 N. 6th 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.