

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2554627

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 55575 4. Contact Name: DEB POWELL
2. Name of Operator: MCELVAIN OIL & GAS PROPERTIES Phone: (303) 893-0933
3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-20

5. API Number 05-067-09751-00 6. County: LA PLATA
7. Well Name: SLUGGER Well Number: 11
8. Location: QtrQtr: NENE Section: 18 Township: 33N Range: 8W Meridian: N
Footage at surface: Distance: 1203 feet Direction: FNL Distance: 1255 feet Direction: FEL
As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 2131 feet Direction: FSL Distance: 1340 feet Direction: FEL
Sec: 18 Twp: 33N Rng: 8W
at Bottom Hole Distance: 2252 feet Direction: FSL Distance: 1347 feet Direction: FEL
Sec: 18 Twp: 33N Rng: 8W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 02/23/2010 13. Date TD: 03/04/2010 14. Date Casing Set or D&A: 03/05/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3431 TVD 3112 17 Plug Back Total Depth MD 3380 TVD 306118. Elevations GR 6686 KB 6703

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL-DF GR/NEUTRON & DENSITY POROSITY

20. Casing, Liner and Cement:

CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF | 12+1/4 | 8+5/8 | | 0 | 539 | 385 | 0 | 539 | CBL |
| 1ST | 7+7/8 | 5+1/2 | | 0 | 3,421 | 525 | 0 | 3,422 | CBL |

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|-----------------|----------------|--------|--------------------------|--------------------------|---|
| | Top | Bottom | DST | Cored | |
| OJO ALAMO | 1,802 | 1,846 | <input type="checkbox"/> | <input type="checkbox"/> | |
| KIRTLAND | 1,847 | 2,839 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FRUITLAND COAL | 2,840 | 3,175 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PICTURED CLIFFS | 3,176 | 3,430 | <input type="checkbox"/> | <input type="checkbox"/> | TD: TOP: 3431 |

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: DEBORAH K. POWELL

Title: ENGINEER

Date: 5/18/2010

Email: DEBBYP@MCELVAIN.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Nash Director of COGCC

Date: 2/16/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 2554627 | FORM 5 SUBMITTED |
| 2554628 | DIRECTIONAL SURVEY |
| 2554629 | CEMENT JOB SUMMARY |

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)