

**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:

2556890

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: 37.107770 As Drilled Longitude: -107.754330

GPS Data:

Data of Measurement: 06/18/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: SCOTT WIEBE

** If directional footage

at Top of Prod. Zone Distance: 1919 feet Direction: FSL Distance: 1846 feet Direction: FEL
Sec: 18 Twp: 33N Rng: 8W
at Bottom Hole Distance: 681 feet Direction: FSL Distance: 1370 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 GAMMA RAY-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"/>	formation NAME: TD MEASURED DEPTH: TOP: 3431

Comment:

FORMATION LOG INTERVALS: FORMATION NAME: TD: MEASURED DEPTH: TOP: 3431. D/S, cmt tkts submitted with form 5 doc#2554627.

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: ENG TECH SUPERVISOR

Date: 7/8/2010

Email: DEBBYP@MCELVAIN.COM

Attachment Check List

Att Doc Num	Name
2556890	FORM 5 SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)