

**FORM**  
**5**  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:  
  
2592168

**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: 26625 4. Contact Name: AMY MACKEY  
 2. Name of Operator: ELM RIDGE EXPLORATION CO LLC Phone: (505) 6323476 X201  
 3. Address: 12225 GREENVILLE AVE STE 950 Fax: (505) 632-8151  
 City: DALLAS State: TX Zip: 95243

5. API Number 05-067-09568-00 6. County: LA PLATA  
 7. Well Name: IGE Well Number: 128  
 8. Location: QtrQtr: NWSW Section: 9 Township: 33N Range: 8W Meridian: N  
 Footage at surface: Distance: 1400 feet Direction: FSL Distance: 1044 feet Direction: FWL  
 As Drilled Latitude: 37.115130 As Drilled Longitude: -107.728480

GPS Data:  
 Data of Measurement: 06/24/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: WCOTT WIEBE

\*\* If directional footage at Top of Prod. Zone Dist.: 2540 feet. Direction: FSL Dist.: 1650 feet. Direction: FWL  
 Sec: 9 Twp: 33N Rng: 8W  
 \*\* If directional footage at Bottom Hole Dist.: 2565 feet. Direction: FSL Dist.: 1671 feet. Direction: FWL  
 Sec: 9 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) 01/08/2009 13. Date TD: 01/16/2009 14. Date Casing Set or D&A: 11/18/2009

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 3662 TVD\*\* 3329 17 Plug Back Total Depth MD 3615 TVD\*\* 3282

18. Elevations GR 6711 KB 6723 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:  
COMPENSATED PHOTO DENSITY LOG, COMPENSATED DUEL NEURON LOG, ARRAY INDUCTION, SHALLOW FOCUSED ELECTRIC LOG, CBL

20. Casing, Liner and Cement:

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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	392	290	0	392	CALC
1ST	7+7/8	5+1/2		0	3,656	655	0	3,656	

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	
SAN JOSE	0		<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,917		<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,185		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: SHARLA BEMROSE

Title: ADMINISTRATIVE SPECIALIST Date: 11/23/2010 Email: AMACKEY1@ELMRIDGE.NET

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2072458	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072459	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2592168	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	USE D/S DOC# 2072471	7/12/2011 11:42:38 AM
Permit	REC CMT TKTS AND D/S, D/S IS PLANNED VIEW, RE-REQ D/S	7/12/2011 10:57:21 AM
Permit	REQ DIGITAL IND/DEN/NEU, CMT TKTS & D/S	7/7/2011 11:25:28 AM

Total: 3 comment(s)