

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



DE ET OE ES

Document Number:  
2072360

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: 10254  
2. Name of Operator: RED MESA HOLDINGS/O&G LLC  
3. Address: 5619 DTC PARKWAY - STE 800  
City: GREENWOOD State: CO Zip: 80111  
4. Contact Name: RICH LARSON  
Phone: (303) 957-2038  
Fax: (303) 957-2090

5. API Number 05-067-09331-00  
6. County: LA PLATA  
7. Well Name: FERGUSON #2  
Well Number: F-12X  
8. Location: QtrQtr: NENE Section: 34 Township: 33N Range: 12W Meridian: N  
Footage at surface: Distance: 433 feet Direction: FNL Distance: 892 feet Direction: FEL  
As Drilled Latitude: 37.067410 As Drilled Longitude: -108.131200

GPS Data:

Date of Measurement: 05/06/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: SCOTT WIEBE

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: RED MESA 10. Field Number: 72890  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/01/2007 13. Date TD: 14. Date Casing Set or D&A:

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 3635 TVD\*\* 17 Plug Back Total Depth MD 1481 TVD\*\*

18. Elevations GR 6572 KB 6592  
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:

PND, CBL, TRIPLE COMBO

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
CONDUCTOR	10+7/8	9+5/8		0	70	30	0	70	
SURF	8+5/8	7		0	1,500	250	0	1,500	
1ST	6+1/4	2+7/8		2000	3,000	175	2,000	3,635	

### 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	
MESAVERDE	370	704	<input type="checkbox"/>	<input type="checkbox"/>	
CLIFF HOUSE	704	796	<input type="checkbox"/>	<input type="checkbox"/>	
MENEFEE	796	1,174	<input type="checkbox"/>	<input type="checkbox"/>	
POINT LOOKOUT	1,174	1,316	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	1,316	2,462	<input type="checkbox"/>	<input type="checkbox"/>	
GALLUP	2,462	3,260	<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	3,326	3,410	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	3,360	3,326	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	3,410		<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: RICHARD A LARSON

Title: AUTHORIZED PERSON Date: 5/12/2011 Email: RLARSON@REDMESA1.COM

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
<b>Other Attachments</b>			
2072357	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2072360	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	REC TRIPLE COMBO HAD COPY LOG, DOC# 2202494, SENT TO SCANNING	8/15/2011 2:00:53 PM
Permit	REQ TC LOG AGAIN	7/18/2011 7:59:00 AM
Permit	see correspondence - no cmt tkts, no other Form 5, spud in mid 2007. Waiting on TC & PN log	5/18/2011 3:33:58 PM

Total: 3 comment(s)