

**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:

400176989

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: 56565

4. Contact Name: Kim Mercer

2. Name of Operator: MERIT ENERGY COMPANY

Phone: (972) 628-1023

3. Address: 13727 NOEL ROAD STE 500

Fax: (972) 628-1323

City: DALLAS State: TX Zip: 75240

5. API Number 05-123-24164-00

6. County: WELD

7. Well Name: MCLEOD

Well Number: 2-29B

8. Location: QtrQtr: SESE Section: 29 Township: 4N Range: 66W Meridian: 6

Footage at surface: Distance: 790 feet Direction: FSL Distance: 498 feet Direction: FEL

As Drilled Latitude: 40.277580 As Drilled Longitude: -104.793690

GPS Data:

Date of Measurement: 06/07/2006 PDOP Reading: 6.0 GPS Instrument Operator's Name: Thomas Carlson

** If directional footage at Top of Prod. Zone Dist.: 1456 feet. Direction: FSL Dist.: 83 feet. Direction: FEL

Sec: 29 Twp: 4N Rng: 66W

** If directional footage at Bottom Hole Dist.: 1482 feet. Direction: FSL Dist.: 55 feet. Direction: FEL

Sec: 29 Twp: 4N Rng: 66W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/28/2007 13. Date TD: 02/03/2007 14. Date Casing Set or D&A: 02/04/2007

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7565 TVD** 7444 17 Plug Back Total Depth MD 7318 TVD** 7200

18. Elevations GR 4760 KB 4775

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:

Gamma Ray / CCL Cement Bond Log
Comp. Density / Comp. Neutron Gamma Ray
Dual Induction Gaurd Log Gamma Ray

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	24#	0	608	480	0	608	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,318	650	300	7,318	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	
NIOBRARA	7,062	7,226	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,376	7,392	<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: Kim Mercer

Title: Regulatory Analyst Date: 6/20/2011 Email: kim.mercer@meritenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400176989	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400177010	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC'D FINAL D.S., PAPER LOGS; OPERATOR UNABLE TO PROVIDE SURF. CMT. SUMM. OR PDF OF CBL. DI/GL/GR 1670584 GR-CCL/CB/VD 1670585 CD/CN/GR 1670586 IN SCANNING. FORM 10 SUBMITTED AND SENT TO PROCESSING. CONDUCTOR CSG. NOT PLANNED PER APD.	9/26/2011 1:59:17 PM
Permit	KIM WILL SEND PAPER COPIES OF TRIPLE COMBO & CBL, FINAL D.S. & LOOK FOR CMT. SUMM.	9/21/2011 9:53:12 AM
Permit	E-MAILED KIM MERCER REQ. FOR PAPER AND DIGITAL CBL, PAPER TRIPLE COMBO, FINAL D.S., CMT. SUMM. AND EXPLANATION OF WORK DONE.	3/1/2011 8:16:27 AM

Total: 3 comment(s)