

FORM
5Rev
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:

2588560

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 ENERGY INC

Phone: (303) 893-0933

3. Address: 1050 17TH ST STE 2500

Fax: (303) 893-0914

City: DENVER State: CO Zip: 80265-

5. API Number 05-125-11685-00

6. County: YUMA

7. Well Name: Maroon

Well Number: 18-4

8. Location: QtrQtr: Lot 1 Section: 18 Township: 2S Range: 46W Meridian: 6

Footage at surface: Distance: 305 feet Direction: FNL Distance: 580 feet Direction: FWL

As Drilled Latitude: 39.889120 As Drilled Longitude: -102.574280

GPS Data:

Date of Measurement: 08/03/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: ROBERT DALEY

** 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: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/28/2011 13. Date TD: 07/30/2011 14. Date Casing Set or D&A: 07/30/2011

15. Well Classification:

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

16. Total Depth MD 2696 TVD** 17 Plug Back Total Depth MD 2696 TVD**

18. Elevations GR 4107 KB 4113

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-DI, CDCN, -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	9+7/8	7		0	454	210	0	454	CALC
1ST	6+1/4	4+1/2		0	2,686	243	0	2,686	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
Details of work:					

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	
PIERRE	389	2,488	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,485	2,680	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC #2588562

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: 9/9/2011 Email: DEBBYP@MCELVAIN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2588561	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
<u>Other Attachments</u>					
2588560	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL LOGS	10/20/2011 10:33:14 AM

Total: 1 comment(s)