

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:

1635115

## 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: 54380

4. Contact Name: DAVID M. BLANDFORD

2. Name of Operator: MATRIX ENERGY LLC

Phone: (970) 247-1959

3. Address: 1241 THOROUGHbred ROAD

Fax: (970) 247-2359

City: DURANGO State: CO Zip: 81303

5. API Number 05-123-32232-00

6. County: WELD

7. Well Name: MORO FARMS

Well Number: 34-29

8. Location: QtrQtr: SWSE Section: 29 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 1980 feet Direction: FEL

As Drilled Latitude: 40.453070 As Drilled Longitude: -104.685100

## GPS Data:

Date of Measurement: 04/02/2010 PDOP Reading: 2.3 GPS Instrument Operator's Name: R. GABRIEL

\*\* 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: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/30/2011 13. Date TD: 02/02/2011 14. Date Casing Set or D&amp;A: 02/03/2011

## 15. Well Classification:

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

16. Total Depth MD 7338 TVD\*\* 17 Plug Back Total Depth MD 7275 TVD\*\*

18. Elevations GR 4703 KB 4713

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:

DUAL INDUCTION, COMPENSATED NEUTRON/DENSITY,CBL

## 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	595	420	0	595	
1ST	7+7/8	4+1/2		0	7,301	680	508	7,301	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	
PARKMAN	3,588	3,664	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,351	4,474	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,834	7,086	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,132	7,142	<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: DAVID M. BLANDFORD

Title: CO-MANAGER Date: 4/1/2011 Email: ANDELEENERGY@GMAIL.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
1635116	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>					
1635115	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	off hold--oper. sent LAS logs to eng. 7/20/2011	11/18/2011 2:46:44 PM
Permit	re-emailed operator requesting LAS LOGS.	6/22/2011 12:46:04 PM
Engineer	Still need IND and CBL LAS. Emailed David 6-2-11.	3/1/2011 4:17:41 PM

Total: 3 comment(s)