

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:
2285578

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: 34725
2. Name of Operator: GOSNEY & SONS INC
3. Address: P O BOX 367
City: BAYFIELD State: CO Zip: 81122
4. Contact Name: MATTHEW BARNETT
Phone: (970) 884-9533
Fax: (970) 884-0321

5. API Number 05-067-09866-00
6. County: LA PLATA
7. Well Name: KELSALL 33-7 Well Number: 4-1
8. Location: QtrQtr: NENW Section: 4 Township: 33N Range: 7W Meridian: N
Footage at surface: Distance: 1089 feet Direction: FNL Distance: 2588 feet Direction: FWL
As Drilled Latitude: 37.137130 As Drilled Longitude: -107.614310

GPS Data:

Date of Measurement: 10/24/2011 PDOP Reading: 3.0 GPS Instrument Operator's Name: STEVEN C.

** If directional footage at Top of Prod. Zone Dist.: 727 feet. Direction: FNL Dist.: 2050 feet. Direction: FWL
Sec: 4 Twp: 33N Rng: 7W

** If directional footage at Bottom Hole Dist.: 688 feet. Direction: FNL Dist.: 1991 feet. Direction: FWL
Sec: 4 Twp: 33N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: FEE

12. Spud Date: (when the 1st bit hit the dirt) 09/18/2011 13. Date TD: 09/27/2011 14. Date Casing Set or D&A: 09/28/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3240 TVD** 3131 17 Plug Back Total Depth MD 3151 TVD** 3046

18. Elevations GR 6701 KB 6712

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, GAMMA RAY-NEUTRON-CCL

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	520	370	0	510	CALC
1ST	7+7/8	5+1/2		0	3,216	530	0	3,216	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	
FRUITLAND COAL	2,896	3,084	<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: MATTHEW BARNETT

Title: SECRETARY Date: 10/26/2011 Email: MATTB@GOSNEYCO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2285580	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2285579	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>			
2285578	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ MWD/FMI LOGS	12/13/2011 11:31:33 AM

Total: 1 comment(s)