

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:

2285877

## 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 05-123-32222-00 6. County: WELD  
7. Well Name: MATRIX Well Number: 23-29  
8. Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6  
Footage at surface: Distance: 490 feet Direction: FSL Distance: 2140 feet Direction: FWL  
As Drilled Latitude: 40.452770 As Drilled Longitude: -104.689000

## GPS Data:

Data of Measurement: 10/19/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: C. VANMATRE

\*\* If directional footage at Top of Prod. Zone Dist.: 2037 feet. Direction: FSL Dist.: 1966 feet. Direction: FWL

Sec: 29 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2034 feet. Direction: FSL Dist.: 1964 feet. Direction: FWL

Sec: 29 Twp: 6N Rng: 65W

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) 07/30/2011 13. Date TD: 08/04/2011 14. Date Casing Set or D&amp;A: 08/05/2011

## 15. Well Classification:

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

16. Total Depth MD 7570 TVD\*\* 7334 17 Plug Back Total Depth MD 7528 TVD\*\* 7290

18. Elevations GR 4706 KB 4722

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:

FDC/CNL, DIL

## 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	634	490	0	634	CALC
1ST	7+7/8	4+1/2		0	7,544	895	2,050	7,572	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	
NIOBRARA	7,080	7,324	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,334	7,356	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,356	7,377	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOCUMENT # 2285881

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: 10/20/2011 Email: ANDELEENERGY@GMAIL.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2285880	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2285879	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>					
2285877	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)