

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:

2286754

Date Received:

01/13/2012

## 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 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 05-123-33762-00

6. County: WELD

7. Well Name: KUETTEL

Well Number: 14-10-25

8. Location: QtrQtr: SWSW Section: 10 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 442 feet Direction: FSL Distance: 1016 feet Direction: FWL

As Drilled Latitude: 40.407710 As Drilled Longitude: -104.655270

## GPS Data:

Data of Measurement: 10/19/2011 PDOP Reading: 3.7 GPS Instrument Operator's Name: C VANMETRE

\*\* If directional footage at Top of Prod. Zone Dist.: 90 feet. Direction: FSL Dist.: 120 feet. Direction: FWL

Sec: 10 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 89 feet. Direction: FSL Dist.: 122 feet. Direction: FWL

Sec: 10 Twp: 5N 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) 08/19/2011 13. Date TD: 08/23/2011 14. Date Casing Set or D&amp;A: 08/24/2011

## 15. Well Classification:

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

16. Total Depth MD 7385 TVD\*\* 7242 17 Plug Back Total Depth MD 7326 TVD\*\* 7183

18. Elevations GR 4645 KB 4661

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:

DIL, FDC/CNL, 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	454	380	0	454	VISU
1ST	7+7/8	4+1/2		0	7,373	665	1,406	7,373	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	3,682	3,770	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,413	4,596	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,872	7,143	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,172	7,192	<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 BLANDFORD

Title: CO-MANAGER Date: 1/3/2012 Email: ANDELEENERGY@GMAIL.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2286756	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2286755	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>					
2286754	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400271328	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Rec'd & uploaded DS Data Sheet	4/12/2012 9:55:54 AM
Permit	Need LAS logs and DS data. On hold.	3/28/2012 2:28:27 PM

Total: 2 comment(s)