

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400283709

Date Received:

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 05-067-09885-00

6. County: LA PLATA

7. Well Name: BULLSEYE

Well Number: 11

8. Location: QtrQtr: NWSW Section: 20 Township: 33N Range: 8W Meridian: N

Footage at surface: Distance: 1652 feet Direction: FSL Distance: 1144 feet Direction: FWL

As Drilled Latitude: 37.086630 As Drilled Longitude: -107.746230

GPS Data:

Data of Measurement: 05/18/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: Scott Wiebe

** If directional footage at Top of Prod. Zone Dist.: 1652 feet. Direction: FSL Dist.: 1144 feet. Direction: FWL

Sec: 20 Twp: 33N Rng: 8W

** If directional footage at Bottom Hole Dist.: 680 feet. Direction: FSL Dist.: 2278 feet. Direction: FWL

Sec: 20 Twp: 33N Rng: 8W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number: 142015122

12. Spud Date: (when the 1st bit hit the dirt) 04/18/2012 13. Date TD: 04/29/2012 14. Date Casing Set or D&A: 04/29/2012

15. Well Classification:

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

16. Total Depth MD 4150 TVD** 3806 17 Plug Back Total Depth MD TVD**

18. Elevations GR 7138 KB 7149

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:

Cement Evaluation LOG
Gas Spectrum LOG

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	24	0	819	570	768	820	
1ST	7+7/8	5+1/2	15.5	0	4,149	405	4,060	4,150	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/21/2012

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF		570	0	820
	1ST		405	0	4,150

Details of work:

Circ hole clean @ 4150', Ran 104 Jts 15.5# J-55 Csg. Csg set @ 4,148'. Cemented as follows:

Lead: 300 sx Tpye III 3% Econolite, 5# sx Gilsonite, 1/8# Poly-E-Flake.

Tail: 105 sx Type III 3% Econolite, 5# sx Gilsonite, 1/8# Poly-E-Flake
Circulated 23 bbls cmt to surface.

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	3,972	3,996	<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: Deborah Powell

Title: Eng Tech Manager

Date: _____

Email: DEbbyP@McElvain.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400291468	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>					
400291470	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400291596	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)