

**FORM
5**Rev
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:

400328653

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: 34725

4. Contact Name: Matt Barnett

2. Name of Operator: GOSNEY & SONS INC

Phone: (970) 884-9533

3. Address: P O BOX 367

Fax: (970) 884-0321

City: BAYFIELD State: CO Zip: 81122

5. API Number 05-067-09881-00

6. County: LA PLATA

7. Well Name: KELSALL 33-7

Well Number: 4-2

8. Location: QtrQtr: NENW Section: 4 Township: 33N Range: 7W Meridian: N

Footage at surface: Distance: 1109 feet Direction: FNL Distance: 2603 feet Direction: FWL

As Drilled Latitude: 37.137080 As Drilled Longitude: -107.614250

GPS Data:

Date of Measurement: 09/19/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Steven C McCormack

** If directional footage at Top of Prod. Zone Dist.: 763 feet. Direction: FNL Dist.: 1272 feet. Direction: FEL

Sec: 4 Twp: 33N Rng: 7W

** If directional footage at Bottom Hole Dist.: 694 feet. Direction: FNL Dist.: 1039 feet. Direction: FEL

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) 08/15/2012 13. Date TD: 08/22/2012 14. Date Casing Set or D&A: 08/22/2012

15. Well Classification:

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

16. Total Depth MD 3670 TVD** 3136 17 Plug Back Total Depth MD 3584 TVD** 3067

18. Elevations GR 6701 KB 6713

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	24	0	517	370	0	474	VISU
1ST	7+7/8	5+1/2	17	0	3,656	560	0	3,612	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	3,264	3,480	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Matt Barnett

Title: Secretary Date: _____ Email: mattb@gosneyco.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400328658	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400328666	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400328657	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400328659	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400328660	LAS-GAMMA RAY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)