

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:

400301601

Date Received:

07/24/2012

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: CLAYTON DOKE

2. Name of Operator: MATRIX ENERGY LLC

Phone: (970) 669-7411

3. Address: 1241 THOROUGHbred ROAD

Fax: (970) 669-4077

City: DURANGO State: CO Zip: 81303

5. API Number 05-123-19815-00

6. County: WELD

7. Well Name: VARRA HA

Well Number: 13-10

8. Location: QtrQtr: SENE Section: 9 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 2370 feet Direction: FNL Distance: 270 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 2077 feet. Direction: FSL Dist.: 568 feet. Direction: FWL

Sec: 10 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 1828 feet. Direction: FSL Dist.: 818 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) 10/11/1999 13. Date TD: 10/18/1999 14. Date Casing Set or D&A: 11/15/1999

15. Well Classification:

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

16. Total Depth MD 7935 TVD** 7112 17 Plug Back Total Depth MD 7891 TVD** 7085

18. Elevations GR 4617 KB 4628

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

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	9+5/8	36	0	418	240	0	418	VISU
1ST	7+7/8	4+1/2	11.6	0	7,933	234	6,650	7,933	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	2,019	370	160	2,019

Details of work:

Mixed and pumped 370 sxs to cover from 2019' to the surface in the 4-1/2" Annulus

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	
SUSSEX	4,240	4,372	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,248	7,680	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,748	7,780	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Pumped 370 sx in the production csg annulus

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

Signed: _____ Print Name: CLAYTON DOKE

Title: Consultant Date: 7/24/2012 Email: cdoke@petersonenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400303158	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400301601	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400303139	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)