

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:

400333732

Date Received:

10/04/2012

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: 16830

4. Contact Name: Bill Goff

2. Name of Operator: CHOLLA PRODUCTION LLC

Phone: (303) 249-0430

3. Address: 7851 S ELATI ST STE 201

Fax: (303) 623-5062

City: LITTLETON State: CO Zip: 80120

5. API Number 05-009-06673-00

6. County: BACA

7. Well Name: Baldwin

Well Number: 2-18

8. Location: QtrQtr: SW NE Section: 18 Township: 32S Range: 44W Meridian: 6

Footage at surface: Distance: 1586 feet Direction: FNL Distance: 2083 feet Direction: FEL

As Drilled Latitude: 37.261270 As Drilled Longitude: -102.411470

GPS Data:

Data of Measurement: 08/24/2011 PDOP Reading: 2.9 GPS Instrument Operator's Name: Keith Westfall

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/19/2011 13. Date TD: 06/04/2012 14. Date Casing Set or D&A: 05/21/2012

15. Well Classification:

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

16. Total Depth MD 5650 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4136 KB 4147

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:

MCG,MAI,MPD,MDN,MLL,MSS

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
CONDUCTOR	17+1/2	13+3/8	48	0	213	235	0	213	VISU
SURF	12+1/4	8+5/8	23	0	1,757	875	0	1,757	VISU
OPEN HOLE	7+7/8			1757	5,650				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 05/20/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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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	
STONE CORRAL	1,757		<input type="checkbox"/>	<input type="checkbox"/>	
TOPEKA	3,209		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,271		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	5,587		<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: Emily Hundley-Goff

Title: Owner/Manager Date: 10/4/2012 Email: cholla_production@msn.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400333747	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>					
400333732	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400333754	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400333755	LAS-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Hard copies of the logs sent week of 10/9/2012. MD of well is 5650' per operqator.	10/9/2012 6:27:53 AM
Permit	Waiting on hard copy logs.	10/5/2012 8:06:38 AM
Permit	Waiting on MTD.	10/5/2012 8:03:22 AM

Total: 3 comment(s)