

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:

2516795

Date Received:

04/18/2013

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: 10220
2. Name of Operator: RAMSEY PROPERTY MANAGEMENT LLC
3. Address: 2932 NW 122ND STREET - SUITE #4
City: OKLAHOMA CITY State: OK Zip: 73120-
4. Contact Name: STEPHEN E. NICHOLS
Phone: (405) 302-6200
Fax: (405) 302-6240

5. API Number 05-009-06674-00
6. County: BACA
7. Well Name: STATE OF COLORADO Well Number: 2-36
8. Location: QtrQtr: NESE Section: 36 Township: 34S Range: 43w Meridian: 6
Footage at surface: Distance: 2310 feet Direction: FSL Distance: 330 feet Direction: FEL
As Drilled Latitude: 37.039130 As Drilled Longitude: -102.218335

GPS Data:

Date of Measurement: 11/14/2012 PDOP Reading: 2.1 GPS Instrument Operator's Name: BERT WEST

** 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: VERDE 10. Field Number: 86000
11. Federal, Indian or State Lease Number: 8978.6

12. Spud Date: (when the 1st bit hit the dirt) 09/12/2012 13. Date TD: 09/19/2012 14. Date Casing Set or D&A: 09/19/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4850 TVD** 17 Plug Back Total Depth MD 4775 TVD**

18. Elevations GR 3667 KB 3678
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:

RESISTIVITY, DENSITY-NEUTRON, MICROLOG, SONIC

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	32	20		0	60	7	0	60	CALC
SURF	12+1/4	8+5/8		0	1,411	480	0	1,411	CALC
1ST	7+7/8	5+1/2		0	4,847	225	2,890	4,847	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	
NEVA	2,461	2,473	<input type="checkbox"/>	<input type="checkbox"/>	
TOPEKA	2,786	2,804	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,112	3,166	<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	3,676	3,725	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,290	4,327	<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	4,636	4,669	<input type="checkbox"/>	<input checked="" 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: STEPHEN E. NICHOLS

Title: MANAGING PARTNER Date: 2/27/2013 Email: SENICHOLS@RAMSEYLIC.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
1522017	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2516797	Core Analysis	Yes <input checked="" type="checkbox"/>	No <input 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"/>
2516796	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
2516794	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2516795	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)