

**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:

400494083

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: 26625 4. Contact Name: Amy Mackey
2. Name of Operator: ELM RIDGE EXPLORATION CO LLC Phone: (505) 6323476
3. Address: 12225 GREENVILLE AVE STE 950 Fax: (505) 6328151
City: DALLAS State: TX Zip: 75243-

5. API Number 05-067-09389-00 6. County: LA PLATA
7. Well Name: IGE Well Number: 114
8. Location: QtrQtr: NWSW Section: 18 Township: 33N Range: 7W Meridian: N
Footage at surface: Distance: 1415 feet Direction: FSL Distance: 997 feet Direction: FWL
As Drilled Latitude: 37.100760 As Drilled Longitude: -107.655900

GPS Data:

Data of Measurement: 07/15/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Scott Weibe** If directional footage at Top of Prod. Zone Dist.: 864 feet. Direction: FSL Dist.: 775 feet. Direction: FWLSec: 18 Twp: 33 Rng: 7** If directional footage at Bottom Hole Dist.: 704 feet. Direction: FSL Dist.: 686 feet. Direction: FWLSec: 18 Twp: 33 Rng: 79. Field Name: IGNACIO BLANCO 10. Field Number: 38300

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/25/2013 13. Date TD: 04/27/2013 14. Date Casing Set or D&A: 04/30/2013

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3143 TVD** 3006 17 Plug Back Total Depth MD 3097 TVD** 296018. Elevations GR 6537 KB 12

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:

Compensated Photo Density, Dual Neutron, Hole Volume Caliper, Triple Combo quick look. Rtap Array induction focused electric and Cement bond 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	345	260	0	345	CALC
2ND	7+7/8	5+1/2	17	0	3,139	530	0	3,139	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/17/2013					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	2ND	600	500	370	840
Details of work:					
Attached Cement job summary.					

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	2,665	2,866	<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: Amy _____

Title: Sr. Regulatory Supervisor Date: _____ Email: amackey1@elmridge.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400494102	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>					
400494103	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400494104	OPERATIONS SUMMARY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)