

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



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Document Number:

2059448

Date Received:

11/15/2007

## 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: 10223

4. Contact Name: MARY O'MARA

2. Name of Operator: PLAINS EXPLORATION AND PRODUCTION

Phone: (713) 579-6000

3. Address: 700 MILAM STE 3100 ATTN:

Fax: (713) 579-6202

City: HOUSTON State: TX Zip: 77002

5. API Number 05-077-09272-00

6. County: MESA

7. Well Name: HELLS GULCH FED.

Well Number: 26-3C

8. Location: QtrQtr: SENW Section: 26 Township: 8S Range: 92W Meridian: 6

Footage at surface: Distance: 1361 feet Direction: FNL Distance: 1471 feet Direction: FWL

As Drilled Latitude: 39.334878 As Drilled Longitude: -107.638263

## GPS Data:

Data of Measurement: 02/02/2007 PDOP Reading: 1.8 GPS Instrument Operator's Name: JIM GRABOWSKI

\*\* If directional footage at Top of Prod. Zone Dist.: 1312 feet. Direction: FNL Dist.: 1967 feet. Direction: FWL  
Sec: 26 Twp: 8S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1338 feet. Direction: FNL Dist.: 1980 feet. Direction: FWL  
Sec: 26 Twp: 8S Rng: 92W

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) 05/24/2007 13. Date TD: 06/06/2007 14. Date Casing Set or D&amp;A: 06/09/2007

## 15. Well Classification:

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

16. Total Depth MD 7550 TVD\*\* 7523 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 7333 KB 7353

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:

TRIPLE COMBO

## 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	24	16			40			40	CALC
SURF	12+1/4	8+5/8		0	1,536	460	0	1,536	
1ST	7+7/8	4+1/2		0	7,540	1,081	4,400		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	
			<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: Y Print Name: MARY O'MARATitle: PERMIT SPECIALIST Date: 11/14/2007 Email: MO'MARA@PXP.COM**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>

**General Comments****User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)