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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:
 Date 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&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'MARA

Title: PERMIT SPECIALIST Date: 11/14/2007 Email: MO'MARA@PXP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)