

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:

400520684

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: 10220

4. Contact Name: Stephen Nichols

2. Name of Operator: RAMSEY PROPERTY MANAGEMENT LLC

Phone: (405) 302-6200

3. Address: 2932 NW 122ND STREET - SUITE #4

Fax: (405) 302-6240

City: OKLAHOMA CITY State: OK Zip: 73120-

5. API Number 05-009-06676-00

6. County: BACA

7. Well Name: Holt

Well Number: 1

8. Location: QtrQtr: SWSW Section: 31 Township: 34S Range: 42W Meridian: 6

Footage at surface: Distance: 215 feet Direction: FSL Distance: 397 feet Direction: FWL

As Drilled Latitude: 37.033800 As Drilled Longitude: -102.215830

## GPS Data:

Date of Measurement: 12/02/2013 PDOP Reading: 1.9 GPS Instrument Operator's Name: Elijah Frane

\*\* 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: 86000

12. Spud Date: (when the 1st bit hit the dirt) 09/06/2013 13. Date TD: 09/15/2013 14. Date Casing Set or D&amp;A: 09/17/2013

## 15. Well Classification:

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

16. Total Depth MD 4800 TVD\*\* 17 Plug Back Total Depth MD 4737 TVD\*\*

18. Elevations GR 3640 KB 3650

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:

Induction, Neutron-Density, Microlog, Sonic 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
CONDUCTOR	24	20	60	0	50	6	0	50	CALC
SURF	12+1/4	8+5/8	24	0	1,387	480	0	1,387	CALC
1ST	7+7/8	5+1/2	15.5	0	4,752	240	2,610	4,752	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	2,478	2,500	<input type="checkbox"/>	<input type="checkbox"/>	
WABAUNSEE	2,711	2,734	<input type="checkbox"/>	<input type="checkbox"/>	
TOPEKA	2,876	2,891	<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	3,104	3,117	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	4,273	4,292	<input type="checkbox"/>	<input type="checkbox"/>	
MORROW-KEYES	4,610	4,634	<input checked="" 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: Stephen E. Nichols

Title: Managing Partner

Date: \_\_\_\_\_

Email: senichols@ramseyllc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400520940	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"/>
400520939	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400520930	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400520927	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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

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Total: 0 comment(s)