

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:

400520684

Date Received:

12/03/2013

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 Nichols
Phone: (405) 302-6200
Fax: (405) 302-6240

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&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: 12/3/2013 Email: senichols@ramseyllc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400520684	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520927	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520930	RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520933	SONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520935	MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520938	DENSITY NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400520944	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)