

**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.

Document Number:  
400555320

Date Received:

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 55575 4. Contact Name: Reed Fischer  
 2. Name of Operator: MCELVAIN ENERGY INC Phone: (303) 893-0933  
 3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-09314  
 City: DENVER State: CO Zip: 80265-

5. API Number 05-067-09896-00 6. County: LA PLATA  
 7. Well Name: Pargin Ranch Well Number: 11  
 8. Location: QtrQtr: NENW Section: 36 Township: 33N Range: 7W Meridian: N  
 Footage at surface: Distance: 680 feet Direction: FNL Distance: 2488 feet Direction: FWL  
 As Drilled Latitude: 37.065920 As Drilled Longitude: -107.560400

GPS Data:  
 Date of Measurement: 02/18/2014 PDOP Reading: 2.1 GPS Instrument Operator's Name: Scott Wiebe

\*\* 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: IGNACIO BLANCO 10. Field Number: 38300  
 11. Federal, Indian or State Lease Number: I-22-IND-2803

12. Spud Date: (when the 1st bit hit the dirt) 01/07/2014 13. Date TD: 01/12/2014 14. Date Casing Set or D&A: 01/13/2014

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2928 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 2914 TVD\*\* \_\_\_\_\_

18. Elevations GR 6350 KB 6463  
 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:  
Density- Neutron- Induction- CBL

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	9+5/8	36	0	471	263	0	471	VISU
1ST	8+3/4	7	26	0	2,914	301	0	2,914	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	
OJO ALAMO	1,286	1,410	<input type="checkbox"/>	<input type="checkbox"/>	
KIRTLAND	1,411	2,685	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,686	2,765	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	2,766	2,916	<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: Deborah Powell

Title: Eng Tech Manager Date: \_\_\_\_\_ Email: Debby.Powell@McElvain.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400556319	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400556318	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400556312	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556313	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556314	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556315	PDF-RESISTIVITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400556316	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)