

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



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04/09/2010

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: 27480 4. Contact Name: VICKI DONAGHEY
 2. Name of Operator: ENERGEN RESOURCES CORPORATION Phone: (505) 325-6800
 3. Address: 2010 AFTON PLACE ATTN: D Fax: (505) 326-6112
 City: FARMINGTON State: NM Zip: 87401

5. API Number 05-007-06287-00 6. County: ARCHULETA
 7. Well Name: JARAMILLO 32-6 Well Number: 12-3
 8. Location: QtrQtr: SENE Section: 12 Township: 32N Range: 6W Meridian: N
 Footage at surface: Distance: 1884 feet Direction: FNL Distance: 164 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 1881 feet. Direction: FNL Dist.: 1062 feet. Direction: FEL
 Sec: 12 Twp: 32N Rng: 6W
 ** If directional footage at Bottom Hole Dist.: 1815 feet. Direction: FNL Dist.: 1604 feet. Direction: FWL
 Sec: 12 Twp: 32N Rng: 6W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 01/13/2010 13. Date TD: 01/24/2010 14. Date Casing Set or D&A: 01/24/2010

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

16. Total Depth MD 5943 TVD** 2869 17 Plug Back Total Depth MD 5943 TVD** 2869

18. Elevations GR 6279 KB 6294 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:
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		0	473	280	0	473	
1ST	8+3/4	7		0	3,334	470	1,020	3,334	CBL
1ST LINER	6+1/4	4+1/2	3235			0			

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	
FRUITLAND COAL	3,300	5,863	<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: VICKI DONAGHEY

Title: REGULATORY ANALYST Date: 4/5/2010 Email: VICKI.DONAGHEY@ENERGEN.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"/>
2070996	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 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)