

FORM
5Rev
09/14State 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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Document Number:

400714745

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

OGCC Operator Number: 26625

Contact Name: Amy Archuleta

Name of Operator: ELM RIDGE EXPLORATION COMPANY LLC

Phone: (505) 6323476

Address: 12225 GREENVILLE AVE STE 950

Fax: (505) 6328151

City: DALLAS State: TX Zip: 75243-

API Number 05-067-09907-00

County: LA PLATA

Well Name: IGW

Well Number: 152

Location: QtrQtr: NWSW Section: 15 Township: 33N Range: 9W Meridian: N

Footage at surface: Distance: 1513 feet Direction: FSL Distance: 1067 feet Direction: FWL

As Drilled Latitude: 37.100820 As Drilled Longitude: -107.818700

GPS Data:

Date of Measurement: 07/09/2014 PDOP Reading: 2.0 GPS Instrument Operator's Name: Kenny Rea

** If directional footage at Top of Prod. Zone Dist.: 2305 feet. Direction: FSL Dist.: 1589 feet. Direction: FWL

Sec: 15 Twp: 33N Rng: 9W

** If directional footage at Bottom Hole Dist.: 2502 feet. Direction: FSL Dist.: 1728 feet. Direction: FWL

Sec: 15 Twp: 33N Rng: 9W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 06/28/2014 Date TD: 07/03/2014 Date Casing Set or D&A: 07/04/2014

Rig Release Date: 07/04/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3656 TVD** 3416 Plug Back Total Depth MD 3606 TVD** 3370

Elevations GR 6871 KB 6883 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Borehole Volume, True Resistivity, Porosity, CBL

CASING, LINER AND CEMENT

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	8+5/8	24	0	542	356	0	542	CALC

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FRUITLAND COAL	3,020	3,421	NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Amy Archuleta

Title: Sr. Regulatory Supervisor Date: _____ Email: aarchuleta@elmridge.net

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400714787	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>					
400714753	PDF-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714758	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714759	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714765	PDF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714770	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714775	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714786	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)