

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



DE ET OE ES

Document Number:

400714816

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 05-067-09908-00

County: LA PLATA

Well Name: IGE

Well Number: 129

Location: QtrQtr: NWSW Section: 9 Township: 33N Range: 8W Meridian: N

Footage at surface: Distance: 1440 feet Direction: FSL Distance: 987 feet Direction: FWL

As Drilled Latitude: 37.115280 As Drilled Longitude: -107.728570

GPS Data:

Date of Measurement: 07/12/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Nelson Ross

** If directional footage at Top of Prod. Zone Dist.: 1140 feet. Direction: FSL Dist.: 987 feet. Direction: FWL

Sec: 9 Twp: 33N Rng: 8W

** If directional footage at Bottom Hole Dist.: 1140 feet. Direction: FSL Dist.: 987 feet. Direction: FWL

Sec: 9 Twp: 33N Rng: 8W

Field Name: IGNACIO BLANCO

Field Number: 38300

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/15/2014 Date TD: 07/20/2014 Date Casing Set or D&A: 07/21/2014

Rig Release Date: 07/21/2014 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3365 TVD** 3363 Plug Back Total Depth MD 3315 TVD** 3313

Elevations GR 6713 KB 6725 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

Borehole, composite, LAs, Porosity, Resistivity.

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	531	370	0	531	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	

Comment:

The CBL has not been run on this well. I will attach it to the Form 5A when it is complete.

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"/>
400714852	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>					
400714830	PDF-DENSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714835	PDF-COMPOSITE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714839	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714842	PDF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714845	PDF-RESISTIVITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400714850	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)