

FORM
5
Rev
09/14

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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Document Number:
400754224

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: 69805 Contact Name: Mike Clark
 Name of Operator: PETROX RESOURCES INC Phone: (970) 878-5594
 Address: P O BOX 2600 Fax: (970) 878-4489
 City: MEEKER State: CO Zip: 81641

API Number 05-007-06316-00 County: ARCHULETA
 Well Name: Dakota 33-5 Well Number: #21-3
 Location: QtrQtr: SWNW Section: 21 Township: 33N Range: 5W Meridian: N
 Footage at surface: Distance: 1736 feet Direction: FNL Distance: 790 feet Direction: FWL
 As Drilled Latitude: 37.093020 As Drilled Longitude: -107.403840

GPS Data:
 Date of Measurement: 01/11/2011 PDOP Reading: 2.3 GPS Instrument Operator's Name: Scott Weibe

** If directional footage at Top of Prod. Zone Dist.: 2021 feet. Direction: FNL Dist.: 765 feet. Direction: FWL
 Sec: 21 Twp: 33N Rng: 5W
 ** If directional footage at Bottom Hole Dist.: 2020 feet. Direction: FNL Dist.: 767 feet. Direction: FWL
 Sec: 21 Twp: 33N Rng: 5W

Field Name: IGNACIO BLANCO Field Number: 38300
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 08/04/2014 Date TD: 08/22/2014 Date Casing Set or D&A: 08/26/2014
 Rig Release Date: 08/27/2014 Per Rule 308A.b.

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

Total Depth MD 7946 TVD** 7885 Plug Back Total Depth MD 7943 TVD** 7885

Elevations GR 6235 KB 6248 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 Temperature Log attached. CBL and Sonic Bond Logs will be sent directly by Baker Hughes to Larry Coler's email in a TIFF file.

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
CONDUCTOR	20	16		0	33	15	0	33	VISU
SURF	11	8+5/8	24	0	1,507	256	0	1,507	VISU
1ST	7	5+1/2	20	0	7,943	171	1,600	7,943	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	SURF		427	0	1,507
STAGE TOOL	1ST		583	4,934	7,943
STAGE TOOL	1ST		286	1,600	4,934

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	
LEWIS	2,882	4,963	NO	NO	
MESAVERDE-DAKOTA	5,178	5,542	NO	NO	
POINT LOOKOUT	5,690	6,314	NO	NO	
DAKOTA-MANCOS	7,764	7,946	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: Barbara Vaughn

Title: Administrative Assistant Date: _____ Email: barb.petrox@gmail.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400754273	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"/>
	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>			
400754274	GYRO SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400754277	PDF-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400754282	WELLBORE DIAGRAM	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)