

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400765332

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) 632376
 Address: 12225 GREENVILLE AVE STE 950 Fax: (505) 6328151
 City: DALLAS State: TX Zip: 75243-

API Number 05-067-09909-00 County: LA PLATA
 Well Name: IGE Well Number: 130
 Location: QtrQtr: NWSW Section: 9 Township: 33N Range: 8W Meridian: N
 Footage at surface: Distance: 1442 feet Direction: FSL Distance: 1037 feet Direction: FWL
 As Drilled Latitude: 37.115280 As Drilled Longitude: -107.728410

GPS Data:
 Date of Measurement: 07/27/2014 PDOP Reading: 2.2 GPS Instrument Operator's Name: Nelson Ross

** If directional footage at Top of Prod. Zone Dist.: 993 feet. Direction: FNL Dist.: 1003 feet. Direction: FWL
 Sec: 9 Twp: 33N Rng: 8W
 ** If directional footage at Bottom Hole Dist.: 633 feet. Direction: FNL Dist.: 1008 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) 07/07/2014 Date TD: 07/13/2014 Date Casing Set or D&A: 07/14/2014
 Rig Release Date: 07/14/2014 Per Rule 308A.b.

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

Total Depth MD 3897 TVD** 3306 Plug Back Total Depth MD 3847 TVD** 3267

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

List Electric Logs Run:
Composit, Porosity, Resistivity, CBL MAIN LAS

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	370	0	550	CALC
2ND	7+7/8	5+1/2	17	0	3,887	580	0	3,887	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	3,300	3,409	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 ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400765340	PDF-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400765345	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400765350	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400765356	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)