

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:
401470254

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: 10464 Contact Name: Nolan Redmond
 Name of Operator: CATAMOUNT ENERGY PARTNERS LLC Phone: (720) 484-2347
 Address: 1801 BROADWAY #1000 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-067-10010-00 County: LA PLATA
 Well Name: IGS Well Number: 145B
 Location: QtrQtr: NENE Section: 20 Township: 33N Range: 8W Meridian: N
 Footage at surface: Distance: 1167 feet Direction: FNL Distance: 1081 feet Direction: FEL
 As Drilled Latitude: 37.093500 As Drilled Longitude: -107.735540

GPS Data:
 Date of Measurement: 12/11/2017 PDOP Reading: 1.8 GPS Instrument Operator's Name: Nelson Ross

** If directional footage at Top of Prod. Zone Dist.: 734 feet. Direction: FNL Dist.: 2516 feet. Direction: FEL
 Sec: 21 Twp: 33N Rng: 8W
 ** If directional footage at Bottom Hole Dist.: 677 feet. Direction: FNL Dist.: 2610 feet. Direction: FWL
 Sec: 21 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) 11/09/2017 Date TD: 11/11/2017 Date Casing Set or D&A: 11/12/2017
 Rig Release Date: 11/13/2017 Per Rule 308A.b.

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

Total Depth MD 3950 TVD** 3378 Plug Back Total Depth MD 3868 TVD** 3302

Elevations GR 6752 KB 6768 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 Cased Hole Neutron, Gamma Ray, CBL. No Open Hole logs were run, Open hole logs were run on the IGS 111 API #05-067-09139 which is on the same pad.

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	399	275	0	399	VISU
1ST	7+7/8	5+1/2	17	0	3,913	415	0	3,913	VISU

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	3,398	3,767	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: Nolan Redmond

Title: Geo/Eng Tech Date: _____ Email: nredmond@catamountep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
401482149	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
401470442	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"/>
Other Attachments			
401470309	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470323	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470327	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470344	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470439	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

