

**FORM
5**Rev
09/14**State of Colorado
Oil and Gas Conservation Commission**

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Document Number:

401470254

Date Received:

12/12/2017

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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: FELSec: 21 Twp: 33N Rng: 8W** If directional footage at Bottom Hole Dist.: 677 feet Direction: FNL Dist.: 2610 feet. Direction: FWLSec: 21 Twp: 33N Rng: 8WField 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: 11/12/2017Rig Release Date: 11/13/2017 Per Rule 308A.b.

Well Classification:

 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage ObservationTotal Depth MD 3950 TVD** 3378 Plug Back Total Depth MD 3868 TVD** 3302Elevations 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	

Operator Comments

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: 12/12/2017 Email: nredmond@catamountep.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401482149	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401482152	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"/>
<u>Other Attachments</u>			
401470254	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470309	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470323	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470327	PDF-NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
401470344	LAS-NEUTRON	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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)