

**DRILLING COMPLETION REPORT**

Document Number:  
401798595

Date Received:

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 05-007-06330-00 County: ARCHULETA  
 Well Name: EBC Well Number: 9  
 Location: QtrQtr: NESW Section: 34 Township: 34N Range: 5W Meridian: M  
 Footage at surface: Distance: 2220 feet Direction: FSL Distance: 1862 feet Direction: FWL  
 As Drilled Latitude: 37.147151 As Drilled Longitude: -107.382428

GPS Data:  
 Date of Measurement: 10/09/2018 PDOP Reading: 2.0 GPS Instrument Operator's Name: Nelson Ross

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 \*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

Field Name: IGNACIO BLANCO Field Number: 38300  
 Federal, Indian or State Lease Number: COC70202

Spud Date: (when the 1st bit hit the dirt) 09/10/2018 Date TD: 09/11/2018 Date Casing Set or D&A: 09/11/2018  
 Rig Release Date: 09/11/2018 Per Rule 308A.b.

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

Total Depth MD 532 TVD\*\* 532 Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_  
 Elevations GR 6514 KB 6514 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:  
 \_\_\_\_\_

**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	9+5/8	36	0	522	280	0	522	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	

Comment:

Surface hole only.

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 ?	
<u>Attachment Checklist</u>			
401798602	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

