

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



Document Number:

401798595

Date Received:

01/31/2019

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

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

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** _____ 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 | |
| | | | | | |

Operator Comments

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: 1/31/2019

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"/> |
| <u>Other Attachments</u> | | | |
| 401798595 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)

