



01430819

FORM
5
Rev 6/99

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State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



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COGCC

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of a well's completion. 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, submit Form 6 (Well Abandonment Report).

| | | | |
|---|--|---|---|
| 1. OGCC Operator Number: <u>10048</u> | | 4. Contact Name and Telephone <u>Gerald Lucero</u> | |
| 2. Name of Operator: <u>Meritage Energy Partners, LLC</u> | | No: <u>720-932-0220 x23</u> | |
| 3. Address: <u>1600 Broadway, Suite 1360</u> | | Fax: <u>720-932-0224</u> | |
| City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u> | | | |
| 5. API Number: <u>05-075-09344-00</u> | | 6. County: <u>Logan</u> | |
| 7. Well Name: <u>Dubois</u> | | Well Number: <u>6</u> | |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>NW NE Sec. 3-9N-52W, 6th PM</u> | | | |
| Footage at Surface: <u>875' FNL & 1973' FEL</u> 9. Was a directional survey run? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | |
| If directional, footage at Top of Prod. Zone: _____ | | | |
| If directional, footage at Bottom Hole: _____ | | | |
| 10. Field Name: <u>Padroni West</u> | | 10. Field Number: <u>67000</u> | |
| 11. Federal, Indian or State Lease Number: _____ | | | |
| 12. Spud Date <u>5/22/05</u> | | 13. Date TD <u>5/26/05</u> | 14. Date Completed or D&A <u>9/20/05</u> |
| 16. Total Depth MD <u>5200</u> TVD _____ | | 17. Plug Back Total MD <u>5160</u> TVD _____ | |
| 18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ** One copy of all electric and mud logs must be submitted.** | | 19. Elevations GR <u>4023</u> KB <u>4036</u> | |
| 20. List Electric Logs Run: <u>Induction Electrolog, Gamma Ray Neutron, CBL</u> <i>WLD -</i> | | | |

Complete the
Attachment Checklist
Oper OGCC

| | |
|---------------------|-------------------------------------|
| Survey Plat | <input checked="" type="checkbox"/> |
| Directional Survey | <input type="checkbox"/> |
| Surface Equipment | <input type="checkbox"/> |
| Technical Info Page | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> |

15 Well Classification

- Dry Oil Gas
 Coalbed
 Stratigraphic Disposal
 Enhanced Recovery
 Gas Storage Observation
 Other: _____

21.

CASING, LINER and CEMENT

Submit contractor's cement job summary for each string cemented

| String | Hole Size | Csg/Liner Size | Csg/Liner Wt (Lbs) | Csg/Liner Top | Csg/Tool Setting Depth | No. of Sacks | Cement Interval | | Identify Method | |
|--------------|-----------|----------------|--------------------|---------------|------------------------|---------------------------------------|-----------------|--------|-------------------------------------|-------------------------------------|
| | | | | | | | Top | Bottom | CBL | Calc |
| Surface | 12 1/4" | 8 5/8" | 24#/ft | 0' | 422' | 180 | 0 | circ'd | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stage Cement | | | | | | | | | | |
| Prod | 7 7/8" | 5 1/2" | 15.5#/ft | 0' | 5172' | 75 sx 50/50 75 sx G sqz w/25 sx | 4130' | 5027' | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Stage Cement | | | | | | | | | | |
| Tbg | | 2 7/8" | 6.5#/ft | 0' | 4982' | | 5005' | 5034' | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage Cement | | | | | | | | | | |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

22.

FORMATION LOG INTERVALS and TEST ZONES

*** All DST and Core analysis must be submitted to COGCC.***

| Formation | Measured Depth | | Check if applies | | Comments |
|-----------|----------------|--------|--------------------------|--------------------------|----------|
| | Top | Bottom | DST | Cored | |
| Niobrara | 3994 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| D Sand | 4588 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J Sand | 4732 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| O Sand | 4988 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Gerald Lucero

Signed: _____

Title: Production ManagerDate: 10/31/05