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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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NOV -3 05

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: 10048

2. Name of Operator: Meritage Energy Partners, LLC

3. Address: 1600 Broadway, Suite 1360

City: Denver State: CO Zip: 80202

4. Contact Name and Telephone
Gerald Lucero

No: 720-932-0220 x23

Fax: 720-932-0224

5. API Number: 05-075-09344-00

6. County: Logan

7. Well Name: Dubois

Well Number: 6

8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW NE Sec. 3-9N-52W, 6th PM

Footage at Surface: 875' FNL & 1973' FEL 9. Was a directional survey run? ☐ Y ☒ N

If directional, footage at Top of Prod. Zone: _____

If directional, footage at Bottom Hole: _____

10. Field Name: Padroni West

10. Field Number: 67000

11. Federal, Indian or State Lease Number: _____

12. Spud Date 5/22/05

13. Date TD 5/26/05

14. Date Completed or D&A
9/20/05

16. Total Depth
MD 5200 TVD _____

17. Plug Back Total
MD 5160 TVD _____

18. Was a Mud Log Run? ☒ Yes ☐ No

**** One copy of all electric and mud logs must be submitted.****

19. Elevations

GR 4023

KB 4036

20. List Electric Logs Run: Induction Electrolog, Gamma Ray Neutron, CBL WLD -

Complete the
Attachment Checklist
Oper OGCC

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

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									<input type="checkbox"/>	<input type="checkbox"/>
Prod	7 7/8"	5 1/2"	15.5#/ft	0'	5172'	75 sx 50/50	4130'	5027'	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
						75 sx G			<input type="checkbox"/>	<input type="checkbox"/>
Tbg		2 7/8"	6.5#/ft	0'	4982'	sqz w/25 sx	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"/>

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"/>	

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 Manager

Date: 10/31/05