FORM 5 Rev 8/98

State of Colorado
Oil and Gas Conservation Commission
DEPARTMENT OF NATURAL RESOURCES

00893020

JUN 28 1999

OIL & GAS CONS. COMM.

ET	OE	PR	ES
BM			DKB

DRILLING COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report). If the well has been plugged, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: 27520
2. Name of Operator: Energy Alliance Company, Inc
3. Address: P.O. Box 4461
City: Englewood State: CO Zip: 80155
4. Contact Name & Phone: Rick Wightman No: 3038580144 Fax: 3038580145
5. API Number: 05- 0090659200 6. County: BACA
7. Well Name: Arapahoe Number: 1-15
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): c SE Sec 15, T33S-R42W
Footage at Surface: 1650 9. Was a directional survey run? ☐Y ☒N
If directional, footage at Top of Prod. Zone: NA
If directional, footage at Bottom Hole: NA
10. Field Name: Wildcat Field Number: 99999
11. Federal, Indian or State lease number: NA
12. Spud Date: 5/18/99
13. Date TD Reached: 5/19/99
14. Date Completed or D&A: 5/19/99
16. Total Depth MD 1650 TVD
17. Plug Back Total Depth MD TVD
18. Was a Mud Log Run?: ☐ Yes ☒ No
** A copy of all electric and mud log runs must be submitted.
19. Elevations GR 3785 KB 3795
20. List Electric Logs Run: Induction;Neu./Density

Complete the Attachment Checklist

	Oper	OGCC
Electric Logs (1 full set required)	✓	
Casing Cement Job Summaries		
Directional Survey		
Geologic Report		
Mud Log		
DST Report		
Core Analysis		
Other		

15. Well Classification

☒ Dry ☐ Oil ☐ Gas ☐ Coalbed
☐ Stratigraphic ☐ Disposal
☐ Enhanced Recovery
☐ Gas Storage ☐ Observation
☐ Other:

CASING, LINER and CEMENT

21. 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 Top	Cement Interval Btm	Identify Method CBL	Identify Method Calc
Surface	12¼	8-5/8	23	Surface	876	252	surface	876		XX
1st	Well plugged as required by permit instructions									
Stage Cement										
2nd										
Stage Cement										
3rd										
Stage Cement										
1st Liner										
2nd Liner										

FORMATION LOG INTERVALS and TEST ZONES

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

Formation	Measured Depth Top	Measured Depth Bottom	Check if applies DST	Check if applies Cored	Comments
Glorietta	920				
Stone Corral	1471	1486			
Redcave	1486				

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

Print Name: Rick Wightman

Signed: _____ Title: President Date: 6/23/99