

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:

2556609

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

1. OGCC Operator Number: 55575 4. Contact Name: DEB POWELL
2. Name of Operator: MCELVAIN OIL & GAS PROPERTIES Phone: (303) 893-0933
3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-20

5. API Number 05-125-11811-00 6. County: YUMA
7. Well Name: Meeker Well Number: 20-12
8. Location: QtrQtr: NW SW Section: 20 Township: 2S Range: 46W Meridian: 6
Footage at surface: Distance: 2340 feet Direction: FSL Distance: 490 feet Direction: FWL
As Drilled Latitude: 39.867160 As Drilled Longitude: -102.556070

GPS Data:

Data of Measurement: 06/16/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: ROBERT DALEY

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: MILDRED WEST 10. Field Number: 54985

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/20/2010 13. Date TD: 05/25/2010 14. Date Casing Set or D&A: 05/26/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2722 TVD _____ 17 Plug Back Total Depth MD _____ TVD _____

18. Elevations GR 4095 KB 4107

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

DIL/CDL/GR, CD/CN/GR, SONIC, DIL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	9+7/8	7		493	125	0	493	VISU

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	225	2,487	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,488	2,650	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: DEBORAH K. POWELL

Title: ENG TECH SUPERVISOR Date: 6/30/2010 Email: DEBBYP@MCELVAIN.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Nash* Director of COGCC Date: 12/20/2010

Attachment Check List

Att Doc Num	Name
2556609	FORM 5 SUBMITTED
2556610	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)