

**FORM
5**Rev
02/08State 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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Document Number:

2556489

DRILLING COMPLETION REPORT

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 05-125-11812-00 6. County: YUMA
7. Well Name: Meeker Well Number: 20-13
8. Location: QtrQtr: SWSW Section: 20 Township: 2S Range: 46W Meridian: 6
Footage at surface: Distance: 950 feet Direction: FSL Distance: 365 feet Direction: FWL
As Drilled Latitude: 39.863340 As Drilled Longitude: -102.556530

GPS Data:

Data of Measurement: 06/16/2010 PDOP Reading: 2.5 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) 05/19/2010 13. Date TD: 05/24/2010 14. Date Casing Set or D&A: 05/25/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 2661 TVD _____ 17 Plug Back Total Depth MD 2597 TVD _____18. Elevations GR 4123 KB 4135

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:

CBL/CN/DI/GR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7		0	498	125	0	498	CALC
1ST	6+1/4	4+1/2		0	2,654	185	0	2,654	CBL

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	245	2,404	<input type="checkbox"/>	<input type="checkbox"/>	PIERRE SHALE
NIOBRARA	2,405	2,649	<input type="checkbox"/>	<input type="checkbox"/>	TD 2650

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 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:  Director of COGCC Date: 2/23/2011

Attachment Check List

Att Doc Num	Name
2556489	FORM 5 SUBMITTED
2556490	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	req digital logs	2/11/2011 11:01:33 AM

Total: 1 comment(s)