


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400109799	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: 10332		4. Contact Name: Christopher Noonan					
2. Name of Operator: PATARA OIL & GAS LLC		Phone: (303) 820-4480					
3. Address: 333 CLAY STREET, STE #3960		Fax: (303) 820-4124					
City: HOUSTON	State: TX	Zip: 77002					
5. API Number 05-113-06240-00		6. County: SAN MIGUEL					
7. Well Name: ANDY'S MESA FEDERAL		Well Number: 66					
8. Location: QtrQtr: NENE Section: 29 Township: 44N Range: 16W Meridian: N							
Footage at surface: Distance: 429 feet Direction: FNL Distance: 1130 feet Direction: FEL							
As Drilled Latitude:		As Drilled Longitude:					
GPS Data:							
Data of Measurement:		PDOP Reading: GPS Instrument Operator's Name:					
** If directional footage at Top of Prod. Zone		Dist.: 1473 feet. Direction: FNL	Dist.: 1542 feet. Direction: FEL				
Sec: 29		Twp: 44N	Rng: 16W				
** If directional footage at Bottom Hole		Dist.: 1471 feet. Direction: FNL	Dist.: 1530 feet. Direction: FEL				
Sec: 29		Twp: 44N	Rng: 16W				
9. Field Name: ANDY'S MESA		10. Field Number: 2500					
11. Federal, Indian or State Lease Number: COC99284							
12. Spud Date: (when the 1st bit hit the dirt) 09/09/2007 13. Date TD: 09/26/2007 14. Date Casing Set or D&A: 09/28/2007							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 7965 TVD** 7820		17 Plug Back Total Depth MD 7933 TVD** 7788					
18. Elevations GR 7030 KB 7050		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:							

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	9+5/8	36	0	3,770	1,300	0	3,770	
1ST	8+3/4	5+1/2	17	2490	7,956	1,150	2,490	7,956	
1ST LINER	8+3/4	2+7/8	6.4	0	7,666				

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	SURF	3,770	1,300	0	3,770
PERF & PUMP	1ST	7,956	1,150	2,490	7,956

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	
CUTLER	6,175	6,349	<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: Christopher A. Noonan

Title: Permit Agent Date: 12/10/2010 Email: bob@banko1.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400109799	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400115688	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	see original D/S profile doc#1838717	3/23/2011 8:15:48 AM

Total: 1 comment(s)