

**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



DE ET OE ES

Document Number:

400223841

**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: 69805

4. Contact Name: Mike Clark

2. Name of Operator: PETROX RESOURCES INC

Phone: (970) 878-5594

3. Address: P O BOX 2600

Fax: (970) 878-4489

City: MEEKER State: CO Zip: 81641

5. API Number 05-007-06274-00

6. County: ARCHULETA

7. Well Name: ELLISON 33-5

Well Number: 29-1

8. Location: QtrQtr: NWSE Section: 29 Township: 33N Range: 5W Meridian: N

Footage at surface: Distance: 1553 feet Direction: FSL Distance: 2250 feet Direction: FEL

As Drilled Latitude: 37.072830 As Drilled Longitude: -107.414380

## GPS Data:

Data of Measurement: 10/02/2008 PDOP Reading: 3.0 GPS Instrument Operator's Name: Scott Weibe

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: FSL Dist.: feet. Direction: FEL

Sec: 29 Twp: 33N Rng: 5W

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: FSL Dist.: feet. Direction: FEL

Sec: 29 Twp: 33N Rng: 5W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/22/2011 13. Date TD: 09/09/2011 14. Date Casing Set or D&amp;A: 09/09/2011

## 15. Well Classification:

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

16. Total Depth MD 4851 TVD\*\* 2712 17 Plug Back Total Depth MD 4772 TVD\*\* 2711

18. Elevations GR 6186 KB 6198

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:

Directional Survey  
Mud Log  
Cement Bond Log  
Resistivity Logs

## 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	12+1/4	9+5/8	36	0	421	230	0	421	CALC
1ST	8+3/4	7+0/0	23	0	2,245	395	0	2,245	CBL
1ST LINER	6+1/8	4+1/2	11.6	2145	4,772				

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/03/2011

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

Details of work:

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	
NACIMIENTO	844	1,650	<input type="checkbox"/>	<input type="checkbox"/>	
ANIMAS	1,651	1,858	<input type="checkbox"/>	<input type="checkbox"/>	
KIRTLAND	1,859	2,700	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,200	4,772	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Have a Mud Log in hlg form, which it won't show up on my desktop so I can submit to you.

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

Signed: \_\_\_\_\_

Print Name: Barbara J Vaughn

Title: Administrative Assistant

Date: \_\_\_\_\_

Email: barb.petroxcbm@gmail.com

The subreport 'subreport3' could not be found at the specified location W:\inetpub\Net\Reports\AttachListNew.rdlc. Please

### General Comments

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

Total: 0 comment(s)