

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:  
2285884

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: 54380  
2. Name of Operator: MATRIX ENERGY LLC  
3. Address: 1241 THOROUGHbred ROAD  
City: DURANGO State: CO Zip: 81303  
4. Contact Name: DAVID M. BLANDFORD  
Phone: (970) 247-1959  
Fax: (970) 247-2359

5. API Number 05-123-33824-00  
6. County: WELD  
7. Well Name: MATRIX Well Number: 24-29-17  
8. Location: QtrQtr: SESW Section: 29 Township: 6N Range: 65W Meridian: 6  
Footage at surface: Distance: 490 feet Direction: FSL Distance: 2170 feet Direction: FWL  
As Drilled Latitude: 40.452810 As Drilled Longitude: -104.688930

GPS Data:  
Date of Measurement: 10/19/2011 PDOP Reading: 2.7 GPS Instrument Operator's Name: C. VANMATRE

\*\* If directional footage at Top of Prod. Zone Dist.: 1368 feet. Direction: FSL Dist.: 1336 feet. Direction: FWL  
Sec: 29 Twp: 6N Rng: 65W  
\*\* If directional footage at Bottom Hole Dist.: 1369 feet. Direction: FSL Dist.: 1344 feet. Direction: FWL  
Sec: 29 Twp: 6N Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/06/2011 13. Date TD: 08/10/2011 14. Date Casing Set or D&A: 08/11/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7478 TVD\*\* 7308 17 Plug Back Total Depth MD 7446 TVD\*\* 7273

18. Elevations GR 4707 KB 4723  
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:  
FDC/CNL, DIL

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	8+5/8		0	598	460	0	598	CALC
1ST	7+7/8	4+1/2		0	7,463	735	1,990	7,463	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

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	
NIOBRARA	6,957	7,260	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,262	7,283	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,283	7,302	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC# 2285878

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

Signed: \_\_\_\_\_ Print Name: DAVID M. BLANDFORD

Title: CO-MANAGER Date: 10/20/2011 Email: ANDELEENERGY@GMAIL.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2285886	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2285885	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
2285884	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)