

FORM
5Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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DE ET OE ES

Document Number:

2287115

Date Received:

02/22/2012

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

4. Contact Name: DAVID M. BLANDFORD

2. Name of Operator: MATRIX ENERGY LLC

Phone: (970) 247-1959

3. Address: 1241 THOROUGHbred ROAD

Fax: (970) 247-2359

City: DURANGO State: CO Zip: 81303

5. API Number 05-123-33863-00

6. County: WELD

7. Well Name: VARRA

Well Number: 43-9-11

8. Location: QtrQtr: SENE Section: 9 Township: 5N Range: 65W Meridian: 6

Footage at surface: Distance: 2332 feet Direction: FNL Distance: 236 feet Direction: FEL

As Drilled Latitude: 40.414600 As Drilled Longitude: -104.659790

GPS Data:

Data of Measurement: 10/19/2011 PDOP Reading: 3.4 GPS Instrument Operator's Name: C. VANMATRE

** If directional footage at Top of Prod. Zone Dist.: 2573 feet. Direction: FSL Dist.: 55 feet. Direction: FEL

Sec: 9 Twp: 5N Rng: 65W

** If directional footage at Bottom Hole Dist.: 2578 feet. Direction: FSL Dist.: 60 feet. Direction: FEL

Sec: 9 Twp: 5N 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) 09/07/2011 13. Date TD: 09/12/2011 14. Date Casing Set or D&A: 09/12/2011

15. Well Classification:

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

16. Total Depth MD 7208 TVD** 7170 17 Plug Back Total Depth MD 7172 TVD** 7134

18. Elevations GR 4625 KB 4641

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, XIPE 40 ARM

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	24	0	551	420	0	551	VISU
1ST	7+7/8	4+1/2	11.6	0	7,192	785	1,530	7,192	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	
PARKMAN	3,596	3,700	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,242	4,479	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,699	6,985	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,031	7,050	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
FORM 5A DOC# 2287112	
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: 1/18/2012 Email: ANDELEENERGY@GMAIL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
2287117	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2287116	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>		
2287115	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400271333	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)