

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2287107

Date Received:

02/21/2012

**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 05-123-33854-00

6. County: WELD

7. Well Name: VARRA

Well Number: 13-10-14

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

Footage at surface: Distance: 2344 feet Direction: FNL Distance: 220 feet Direction: FEL

As Drilled Latitude: 40.414570 As Drilled Longitude: -104.659730

## 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.: 2564 feet. Direction: FSL Dist.: 1334 feet. Direction: FWL

Sec: 10 Twp: 5N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 2582 feet. Direction: FSL Dist.: 1329 feet. Direction: FWL

Sec: 10 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) 09/13/2011 13. Date TD: 09/18/2011 14. Date Casing Set or D&amp;A: 09/19/2011

## 15. Well Classification:

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

16. Total Depth MD 7382 TVD\*\* 7117 17 Plug Back Total Depth MD 7306 TVD\*\* 7041

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, CIL

## 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	683	520	0	683	VISU
1ST	7+7/8	4+1/2	11.6	0	7,371	795	2,090	7,371	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	3,711	3,909	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,449	4,648	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,933	7,174	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,222	7,242	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:
FORM 5A DOC# 2287110
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>					
2287109	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2287108	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>					
2287107	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400271331	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Rec'd & uploaded DS data sheet.	4/12/2012 10:12:31 AM
Permit	On hold for missing LAS Logs, DS data sheet	4/4/2012 10:57:35 AM

Total: 2 comment(s)