

FORM
5Rev
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:

400294084

Date Received:

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: 60890

4. Contact Name: Jake Flora

2. Name of Operator: MOUNTAIN PETROLEUM CORP

Phone: (720) 988-5375

3. Address: 1801 BROADWAY STE 1250

Fax:

City: DENVER State: CO Zip: 80202

5. API Number 05-017-06403-00

6. County: CHEYENNE

7. Well Name: LAS ANIMAS MINERALS

Well Number: 1-10

8. Location: QtrQtr: NESW Section: 10 Township: 13S Range: 50W Meridian: 6

Footage at surface: Distance: 1952 feet Direction: FSL Distance: 1900 feet Direction: FWL

As Drilled Latitude: 38.928640 As Drilled Longitude: -102.989910

GPS Data:

Date of Measurement: 06/27/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Keith Westfall

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

Sec: Twp: Rng:

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

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/24/1983 13. Date TD: 10/08/1983 14. Date Casing Set or D&A: 12/09/1983

15. Well Classification:

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

16. Total Depth MD TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4610 KB 4619

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:

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	359	245	0	359	VISU
1ST	7+7/8	5+1/2	15.5#	0	6,000	250	4,372	6,000	CBL
1ST LINER		4+1/2	10.5#	0	5,318	135	0	5,318	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST LINER	5,318	135	0	5,318

Details of work:

Special clearance 4.5" liner was run and cemented inside the existing 5.5" casing due to mutiple casing leaks at 750', 1824', 2912'.
*Note there are certainly more leaks than this that were covered but you can only identiy 3 leaks with a single retrievable plug and test packer system. Ran 126 jts of 4.5" 10.5# casing with special clearance couplings to 5318'and cemented to surface with 135 sx class A cement. Visual confirmation of cement to surface.

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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Cementing ticket to follow.

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

Signed: _____ Print Name: Jake Flora

Title: Petroleum Engineer Date: _____ Email: jakeflora@kfrcorp.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"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)