

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



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Document Number:

400306507

Date Received:

07/18/2012

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: 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 05-007-06272-00

6. County: ARCHULETA

7. Well Name: MILDRED WRIGHT

Well Number: 1 R

8. Location: QtrQtr: SENE Section: 16 Township: 33N Range: 5W Meridian: N

Footage at surface: Distance: 2230 feet Direction: FNL Distance: 574 feet Direction: FEL

As Drilled Latitude: 37.105840 As Drilled Longitude: -107.390570

GPS Data:

Data of Measurement: 12/04/2008 PDOP Reading: 3.0 GPS Instrument Operator's Name: Kenneth Rhea

** 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: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/10/2008 13. Date TD: 12/28/2008 14. Date Casing Set or D&A: 12/29/2008

15. Well Classification:

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

16. Total Depth MD 2626 TVD** 17 Plug Back Total Depth MD 2584 TVD**

18. Elevations GR 6202 KB 6310

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:

CBL/GR/CCL

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	385	290	0	385	CALC
1ST	7+7/8	5+1/2		0	2,622	325	0	2,622	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 12/13/2008					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	1ST		100	420	572
Details of work:					
Hit 1974 (P&A) Sun Mildred Wright 15-1 casing. 12/16/08 Set 100 sx kickoff plug 572'-420' Class G 15.6 ppg plug. Time drilled off plug, continue vertical hole to build section.					

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	
FRUITLAND COAL	2,620		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 7/18/2012 Email: barb.petroxcbm@gmail.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"/>
400306708	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400306507	FORM 5 SUBMITTED	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)