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 ### DRILLING COMPLETION REPORT		DE	ET	OE	ES
			Document Number: 400333732 Date Received:			

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: 16830   4. Contact Name: Bill Goff

2. Name of Operator: CHOLLA PRODUCTION LLC   Phone: (303) 249-0430

3. Address: 7851 S ELATI ST STE 201   Fax: (303) 623-5062

City: LITTLETON   State: CO   Zip: 80120

5. API Number   05-009-06673-00   6. County: BACA

7. Well Name: Baldwin   Well Number: 2-18

8. Location: QtrQtr: SW NE   Section: 18   Township: 32S   Range: 44W   Meridian: 6

Footage at surface: Distance: 1586   feet   Direction: FNL   Distance: 2083   feet   Direction: FEL

As Drilled Latitude: 37.261270   As Drilled Longitude: -102.411470

GPS Data:

Data of Measurement: 08/24/2011   PDOP Reading: 2.9   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) 05/19/2011 13. Date TD: 06/04/2012 14. Date Casing Set or D&A: 05/21/2012

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   4136   KB   4147 | 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:

MCG,MAI,MPD,MDN,MLL,MSS

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
CONDUCTOR	17+1/2	13+3/8	48	0	213	235	0	213	VISU
SURF	12+1/4	8+5/8	23	0	1,757	875	0	1,757	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:	05/20/2012					
Method used	String	Cementing tool setting/perf 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	
STONE CORRAL	1,757		☐	☐	
TOPEKA	3,209		☐	☐	
MORROW	5,271		☐	☐	
KEYES	5,587		☐	☐	

Comment:

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

Signed: _____   Print Name: Emily Hundley-Goff

Title: Owner/Manager   Date: _____   Email: cholla_production@msn.com

Attachment Check List

Att Doc Num	Document Name		attached ?	
Attachment Checklist				
400333747	CMT Summary *	Yes ☒	No ☐	
	Core Analysis	Yes ☐	No ☒	
	Directional Survey **	Yes ☐	No ☒	
	DST Analysis	Yes ☐	No ☒	
	Logs	Yes ☒	No ☐	
	Other	Yes ☐	No ☒	
Other Attachments				
400333754	LAS-	Yes ☒	No ☐	
400333755	LAS-	Yes ☒	No ☐	

General Comments

User Group	**Comment**	**Comment Date**

Total: 0 comment(s)