

**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:

400287852

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: 10402

4. Contact Name: Terry L. Hoffman

2. Name of Operator: MATRIX OIL CORPORATION

Phone: (720) 5428287

3. Address: 104 W ANAPAMU STREET #C

Fax:

City: SANTA BARBARA State: CA Zip: 93101

5. API Number 05-103-11920-00

6. County: RIO BLANCO

7. Well Name: Sheridan

Well Number: 11-2

8. Location: QtrQtr: SENW Section: 11 Township: 1N Range: 94W Meridian: 6

Footage at surface: Distance: 1151 feet Direction: FSL Distance: 2071 feet Direction: FWL

As Drilled Latitude: 40.066006 As Drilled Longitude: -107.908007

GPS Data:

Data of Measurement: 07/13/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Paul Hawkes

** If directional footage at Top of Prod. Zone Dist.: 1849 feet. Direction: FSL Dist.: 2424 feet. Direction: FWL

Sec: 11 Twp: 1N Rng: 94W

** If directional footage at Bottom Hole Dist.: 2462 feet. Direction: FNL Dist.: 2081 feet. Direction: FWL

Sec: 11 Twp: 1N Rng: 94W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 05/26/2012 13. Date TD: 06/07/2012 14. Date Casing Set or D&A: 06/07/2012

15. Well Classification:

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

16. Total Depth MD 4623 TVD** 3872 17 Plug Back Total Depth MD 4623 TVD** 3872

18. Elevations GR 6380 KB 6395

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:

Azimuthal Gamma Ray & Resistivity
Spectral Gamma Ray & Resistivity (MD)
Spectral Gamma Ray & Resistivity (TVD)
Bore & Annulus Pressure
Mud Log

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	24	16	42	0	95	12	0	90	CALC
SURF	12+1/4	9+5/8	36	0	610	170	0	610	CALC
1ST	8+3/4	7	23	0	2,653	300	0	2,653	CALC
1ST LINER	6+1/4	3+1/2	9.3	2592	4,623	0	0	0	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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	
NIOBRARA	3,258		<input type="checkbox"/>	<input type="checkbox"/>	Bottom of Niobrara unknown, not penetrated.

Comment: _____

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

Signed: _____ Print Name: Terry L. Hoffman

Title: Permit Agent Date: _____ Email: terry@rockymountainpermitting.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400338813	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400324095	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400304201	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400304203	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400318861	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400324107	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400344600	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)