

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:

1808210

Date Received:

07/07/2008

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: 74290

4. Contact Name: JOE JOHNSON

2. Name of Operator: RETAMCO OPERATING INC

Phone: (406) 446-1568

3. Address: PO BOX 790 ATTN: JOE GLE

Fax: (406) 446-1748

City: RED LODGE State: MT Zip: 59068

5. API Number 05-103-11015-00

6. County: RIO BLANCO

7. Well Name: N. BARCUS CREEK

Well Number: 1-12

8. Location: QtrQtr: LOT 6 Section: 12 Township: 1N Range: 99W Meridian: 6

Footage at surface: Distance: 2092 feet Direction: FNL Distance: 2115 feet Direction: FWL

As Drilled Latitude: 40.071480 As Drilled Longitude: -108.454810

GPS Data:

Data of Measurement: 06/27/2008 PDOP Reading: 2.0 GPS Instrument Operator's Name: BROCK SLAUGH

** 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: COC61210

12. Spud Date: (when the 1st bit hit the dirt) 07/21/2007 13. Date TD: 08/27/2007 14. Date Casing Set or D&A: 09/01/2007

15. Well Classification:

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

16. Total Depth MD 11150 TVD** 17 Plug Back Total Depth MD 9895 TVD**

18. Elevations GR 6552 KB 6569

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:

IND-DEN-NEU, MREX, CBL, MUDLOG

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	14+3/4	9+5/8		0	3,220	1,880	0	3,220	CALC
1ST	8+3/4	5+1/2		0	11,150	1,020	2,840	11,150	CBL

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	
WASATCH	2,773	6,016	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,016	8,762	<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,458	10,040	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	8,762	9,073	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	9,073	9,458	<input type="checkbox"/>	<input type="checkbox"/>	
SEGO	10,040	10,695	<input type="checkbox"/>	<input type="checkbox"/>	
CASTLEGATE	10,695	11,080	<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	11,080		<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: Y Print Name: RHONDA K TIGNER

Title: AGENT Date: 7/1/2008 Email:

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"/>
<u>Other Attachments</u>					
1808211	SURVEY PLAT	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)