

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:

400414067

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: 34725

4. Contact Name: Matt Barnett

2. Name of Operator: GOSNEY & SONS INC

Phone: (970) 884-9533

3. Address: P O BOX 367

Fax: (970) 884-0321

City: BAYFIELD State: CO Zip: 81122

5. API Number 05-067-09882-00

6. County: LA PLATA

7. Well Name: KELSALL 33-7

Well Number: 4-3

8. Location: QtrQtr: NENW Section: 4 Township: 33N Range: 7W Meridian: N

Footage at surface: Distance: 1169 feet Direction: FNL Distance: 2589 feet Direction: FWL

As Drilled Latitude: 37.136910 As Drilled Longitude: -107.614310

GPS Data:

Date of Measurement: 04/29/2013 PDOP Reading: 5.0 GPS Instrument Operator's Name: Steven C McCormack

** If directional footage at Top of Prod. Zone Dist.: 1814 feet. Direction: FNL Dist.: 1081 feet. Direction: FWL

Sec: 4 Twp: 33N Rng: 7W

** If directional footage at Bottom Hole Dist.: 1956 feet. Direction: FNL Dist.: 785 feet. Direction: FWL

Sec: 4 Twp: 33N Rng: 7W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number: Fee

12. Spud Date: (when the 1st bit hit the dirt) 04/02/2013 13. Date TD: 04/09/2013 14. Date Casing Set or D&A: 04/10/2013

15. Well Classification:

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

16. Total Depth MD 3900 TVD** 3197 17 Plug Back Total Depth MD 3840 TVD** 3151

18. Elevations GR 6701 KB 6713

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
Gamma Ray Neutron 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 | 24 | 0 | 550 | 330 | 0 | 550 | VISU |
| 1ST | 7+7/8 | 5+1/2 | 17 | 0 | 3,885 | 485 | 240 | 3,885 | 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 | |
| FRUITLAND COAL | 3,398 | 3,616 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

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| |
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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: Matt Barnett

Title: Secretary Date: _____ Email: mattb@gosneyco.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400414510 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400414506 | 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> | | | | | |
| 400414491 | TIF- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400414497 | TIF- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400415622 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

User Group Comment Comment Date

| | | |
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Total: 0 comment(s)