

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:

400414257

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 05-067-09880-00

6. County: LA PLATA

7. Well Name: KELSALL 33-7

Well Number: 4-4

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

Footage at surface: Distance: 1189 feet Direction: FNL Distance: 2604 feet Direction: FWL

As Drilled Latitude: 37.136850 As Drilled Longitude: -107.614250

GPS Data:

Date of Measurement: 05/04/2013 PDOP Reading: 5.0 GPS Instrument Operator's Name: Steven C McCormack

** If directional footage at Top of Prod. Zone Dist.: 1815 feet. Direction: FNL Dist.: 2176 feet. Direction: FEL

Sec: 4 Twp: 33N Rng: 7W

** If directional footage at Bottom Hole Dist.: 1919 feet. Direction: FNL Dist.: 2095 feet. Direction: FEL

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) 04/12/2013 13. Date TD: 04/17/2013 14. Date Casing Set or D&A: 04/19/2013

15. Well Classification:

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

16. Total Depth MD 3320 TVD** 3166 17 Plug Back Total Depth MD 3254 TVD** 3106

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	536	303	0	536	VISU
1ST	7+7/8	5+1/2	17	0	3,300	442	390	3,300	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	2,976	3,132	<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: Matt Barnett

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400414544	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400414545	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>					
400414257	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414534	TIF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400414538	TIF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415628	DIRECTIONAL DATA	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)