



DE	ET	OE	ES
----	----	----	----

Document Number:
400414067

Date Received:
05/10/2013

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:

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: 5/10/2013 Email: mattb@gosneyco.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
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"/>
Other Attachments			
2518404	NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414067	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414491	CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400414497	NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400415622	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator provided the LAS log.	5/14/2013 6:04:32 AM
Permit	Requested LAS logs	5/10/2013 2:17:11 PM

Total: 2 comment(s)